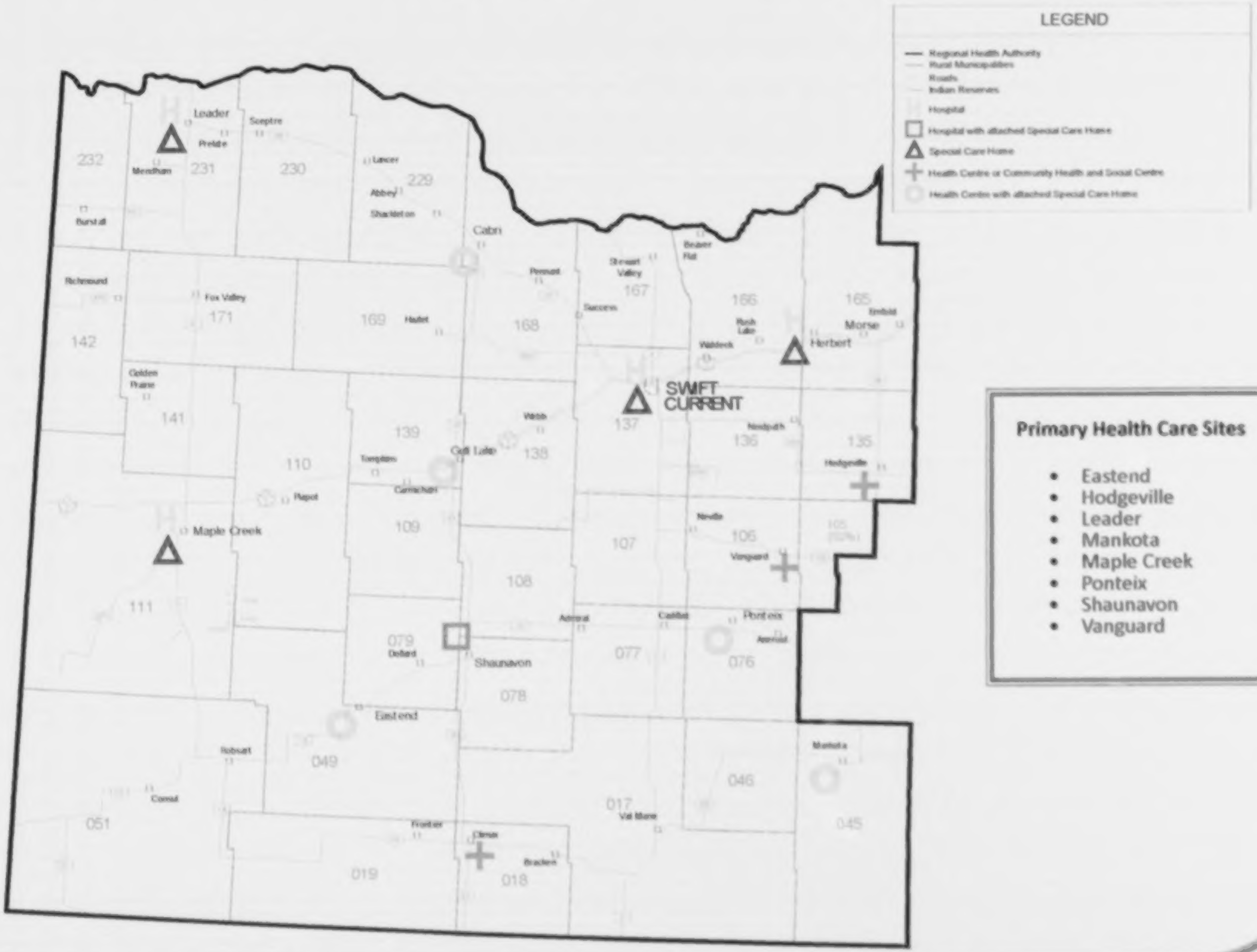
CYPRESS HEALTH REGION

2016
2017 Annual Report

Cypress Health Region


LEGEND
Regional Health Authority
Rural Municipalities
Roads
Indian Reserves
Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
Leader
Prelate
Sceptre
Mendham
232
231
230
229
Lancer
Abbey
Shackleton
Burstall
Cabri
Richmound
Fox Valley
171
169
Hazlet
168
Pennant
Stewart Valley
167
Success
Beaver Flat
166
Rush Lake
Waldeck
165
Morse
Herbert
142
Golden Prairie
141
110
139
Tompkin
Gull Lake
Webb
138
SWIFT CURRENT
137
Neidpath
136
135
Hodgeville
Carmichael
Piapot
109
Maple Creek
107
Neville
106
105
Vanguard
108
111
Admiral
Cadillac
Ponteix
Aneroid
079
Dollard
Shaunavon
077
076
078
Eastend
Robsart
049
Consul
051
046
Mankota
017
Val Marie
045
Frontier
Climax
Bracken
019
018

Primary Health Care Sites

- Eastend
- Hodgeville
- Leader
- Mankota
- Maple Creek
- Ponteix
- Shaunavon
- Vanguard

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The Cypress Health Region's
Annual Report to the Minister of Health
For the year ending March 31, 2017
can also be accessed on the Region's website:
www.cypresshealth.ca

Cypress Health Region
Swift Current, Saskatchewan

ACCREDITED
October
2013 - 2017

AGRÉÉ
Octobre
2013 - 2017

LETTER OF TRANSMITTAL

TO: The Honourable Jim Reiter
Minister of Health, Province of Saskatchewan

Dear Minister Reiter:

The Cypress Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2016-17 Annual Report as required under *The Regional Health Services Act, section 55.* This Report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2017.

The Cypress Health Region continues to focus its efforts on the achievement of the Ministry of Health's mission of working together to achieve the best possible care, experience, and health through Better Care, Better Teams, Better Health, and Better Value.

On behalf of the members of the Cypress Regional Health Authority I would like to acknowledge the progress and successes that our team of health providers has enjoyed over the 2016-17 fiscal year. A few of the many accomplishments achieved by the Region during the past fiscal year include:

- Completion of construction and transition into The Meadows, Swift Current's beautiful new 225-bed facility that has been designed and built on the home-like model of care;
- Beginning of construction on a capital project in Leader that will see an expansion built adjacent to the existing Western Senior Citizen's Home resulting in an integration of the community's health services;
- Fiscal responsibility via the approval of a balanced operating budget and the achievement of a modest surplus in the previous year;
- Development and integration of a new Safety Management System that includes all users of the health system including patients, residents, family members, staff, vendors, suppliers, contractors, volunteers, and others. The Cypress Health Region's new Safety Management System aims to evolve our overall safety culture and aligns with safety being our number one value.

Our successes would not be possible without the contributions of our dedicated staff, physicians, and volunteers whom are essential to the delivery of high quality health services within the Cypress Health Region.

We continue to appreciate the positive working relationship that exists with the Ministry of Health. We look forward to playing a role in the continued transformational change for the health system.

Respectfully submitted,

Lyle Quintin

Lyle Quintin
Chairperson, Cypress Regional Health Authority

INTRODUCTION

The Cypress Regional Health Authority (RHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Cypress RHA assumed operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date. Cypress RHA is one of 12 regional health authorities that exist within the province and is located in the southwest corner of Saskatchewan. For most purposes the organization uses 'Cypress Health Region' as its operating name and refers to the governing board as the 'Regional Health Authority'.

The Cypress Health Region is continually striving towards its vision of being 'Leaders in Rural Health Excellence' and its mission of delivering safe, quality services to each person.

This *Annual Report to the Minister of Health* presents the Cypress Regional Health Authority's activities and results for the fiscal year ending March 31, 2017. As per *The Regional Health Services Act (Section 55)*, the preparation of an Annual Report is a legislated requirement of all regional health authorities in Saskatchewan. This Report includes activities of the Cypress RHA for the preceding fiscal year, financial statements showing the business of the RHA, and other information required by the Minister of Health. It reports on publicly committed strategies, actions, and performance measures identified in the Cypress Health Region's annual strategic plan and the Ministry's Health System Plan for 2016-17. This Report demonstrates progress made on RHA commitments and assesses the accomplishments, results, lessons learned, and strategies available to build on past successes.

Data and information included in this Report is taken from several reporting strategies including the Cypress Health Region's 'Visibility Wall'; the *Ministry of Health and Health System Plan for 2016-17*, the related 5 year provincial health system priorities, and the overarching 'Better' outcomes that are enduring over time; and regular management, Senior Leadership Team, and Regional Health Authority discussions.

The Cypress Regional Health Authority is responsible for the preparation of the *2016-17 Annual Report to the Minister of Health* and expresses confidence that the data and content contained within it is accurate and reliable. The information contained within this Annual Report is the most recent available at the time of preparation.

ALIGNMENT WITH STRATEGIC DIRECTION

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determining provincial health service priorities, and allocating resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of the health services it provides within its geographical boundaries.

During the 2016-17 fiscal year, the Cypress Health Region focused its collective efforts towards the four 'Betters' that are a key element of the provincial system-wide strategic planning and deployment process: Better Health, Better Care, Better Value, and Better Teams.

- **Better Health** – improve population health through health promotion, protection, and disease prevention; collaborating with communities and different government organizations to close the health disparity gap.
- **Better Care** – in partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.
- **Better Value** – achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.
- **Better Teams** – build safe, supportive, and quality workplaces that support patient- and family-centred care and collaborative practices; develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations and links expectations with funding. It complements existing legislation, regulations, contracts, and ministerial directives and policies.

CONTINUOUS IMPROVEMENT STRATEGIC PRIORITIES

Continuous Improvement includes powerful tools for setting targets and reaching goals and have become key elements of the Cypress Health Region's daily operations. The process brings individuals, facilities, regions, and the larger health system together to achieve significant breakthrough improvements in several priority areas. The planning process focuses on the four 'Betters' for the people of Saskatchewan.

During the 2016-17 fiscal year the Cypress Health Region focused its efforts on several outcome projects. These included strategic provincial projects that focused on *emergency department wait times and patient flow* and *mental health and addictions*. As well, the Region developed its own set of 90 day quarterly strategies that focused on *Swift Current long-term care transition into The Meadows* and the *Safety Management System.*

Each strategy and outcome project reflects the provincial approach to continuous improvement and the Cypress Health Region's commitment to health care quality for the people of southwest Saskatchewan. Details of each strategy and outcome project are reported on in greater detail within the Progress section of this Annual Report.

In addition to provincial strategic directions, a variety of other organizations and sources are used to provide guidance and direction. These include, among others: Accreditation Canada, the Health Quality Council of Saskatchewan, best practice research and programming from high performing health organizations across the world, feedback from community consultations, and local customer feedback mechanisms.

A variety of external issues, factors, trends, opportunities, and challenges are taken into account when exploring options for strategic direction and the delivery of programs and services including: an emphasis on putting the patient first; exploring opportunities for quality improvement activities; hearing the voice of patients including the integration of patient and family centered care representatives; the discovery of efficiencies; the creation of a culture of safety; understanding community needs; the exploration of other health care models; and the continual challenge of recruiting and retaining health care professionals and staff.

Along with challenges that health care is associated with, there are opportunities that Cypress Health wishes to take full advantage of. The Health Region is working hard to create a quality working environment for our health care team and, equally as important, is seeking out new ways to share expertise and knowledge with patients so that they can make the most of their health and well-being.
Cypress Health will continue to dedicate available resources towards the attainment of its strategic vision statement – *'Leaders in Rural Health Excellence'*.

OUR VISION:
Leaders in Rural Health Excellence

OUR MISSION:
Within Saskatchewan's health care system, Cypress Health delivers safe, quality services to each person.

OUR VALUES:
Safety - Accessing all situations for risk and acting accordingly.
Compassion - Behaving towards another person as if their entire experience to this moment is your own.
Respect - Treating others the way you would prefer to be treated – kindly, courteously, tactfully.
Accountability - Assumption of responsibility for actions.
It is not only what we do, but also what we do not do.
Excellence - Continually striving to do our best in every situation.

CYPRESS
HEALTH REGION

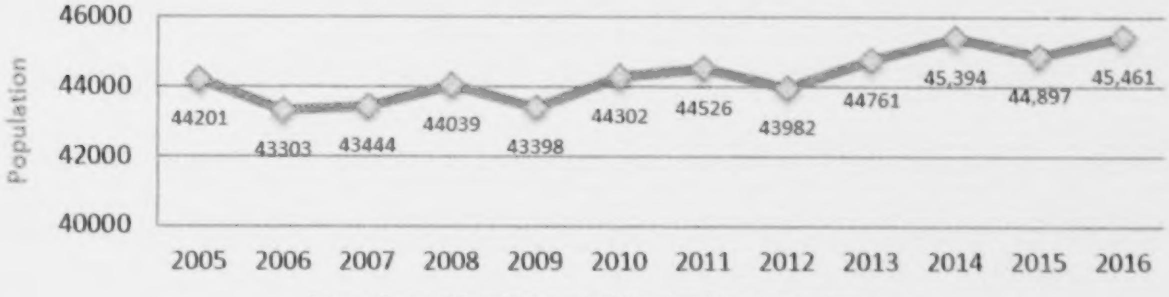
RHA OVERVIEW

As a vital partner with the provincial government and the Ministry of Health, the Cypress Health Region provides health services to 76 rural and urban municipalities in southwest Saskatchewan. The Region is geographically dispersed with its boundaries stretching north/south from the South Saskatchewan River to the United States of America and east/west from Alberta's eastern border to the Morse/Mankota area.

The Cypress RHA has a current population of 45,461 residents as per the *2016 Ministry of Health Covered Population Report* (see Appendix 'C' for website information). This population is spread over a land mass of approximately 44,000 square kilometers. The Region has a diverse population including 32 Hutterite communities and one First Nations community. The 32 Hutterite colonies consist of dariusleut and lehrerleut sections with a combined population of approximately 2,850. More than 6% of the Health Region's population is comprised of the Hutterian culture.

The largest communities in the region are Swift Current (18,187), Maple Creek (3,131), Shaunavon (2,429), Gull Lake (1,412), Leader (1,121), and Herbert (997).

Cypress Health Region - Population Change 2005-2016

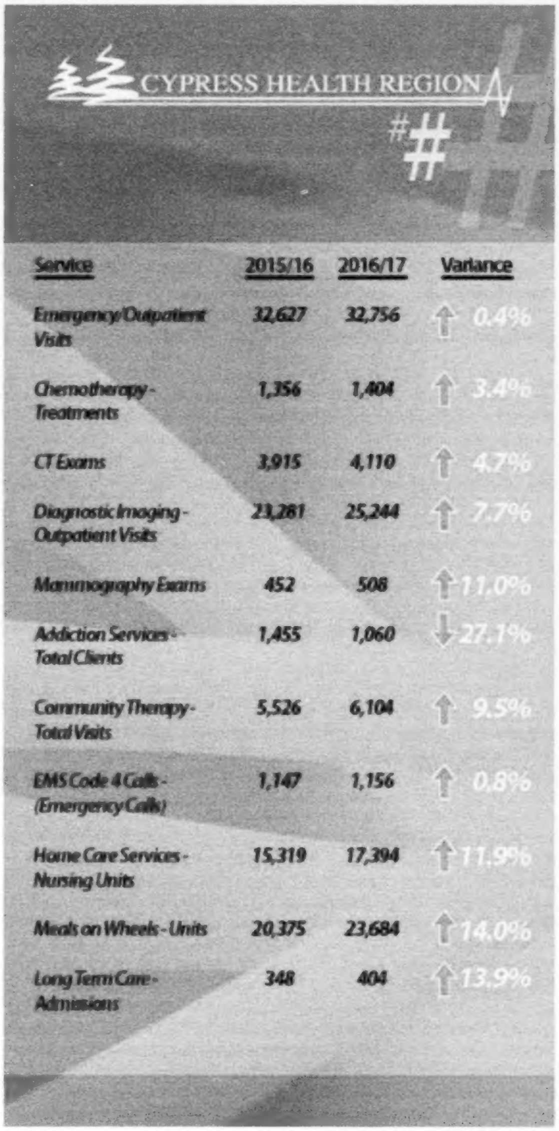


Source: Covered Population, eHealth Saskatchewan open data

Organization Structure

The Cypress Health Region's Senior Leadership Team is comprised of five vice presidents (VP) that report directly to the chief executive officer (CEO). The VP roles are Performance and Quality, Primary Health Care, Continuing Care, Acute Care and Senior Medical Officer, and Chief Financial Officer/Corporate Services.

On January 4, 2017 it was announced that the Government of Saskatchewan had accepted all of the recommendations of the *Advisory Panel Report on Health System Structure* and plans to transition the 12 existing regional health authorities into a new, single Provincial Health Authority (PHA). Shortly thereafter it was also announced that Cypress Health Region CEO Beth Vachon had been seconded to the position of Special Advisor to the Deputy Minister of Health with lead responsibility for the health system's transition to a single PHA. Her role as CEO of the Cypress Health Region was relinquished to focus on this secondment and the Cypress Regional Health Authority Board appointed Larry Allsen to the position of Interim-CEO. Larry is also maintaining his duties as Chief Financial Officer and Vice President of Corporate Services while serving as Interim-CEO.


CYPRESS HEALTH REGION
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Service	2015/16	2016/17	Variance
Emergency/Outpatient Visits	32,627	32,756	↑ 0.4%
Chemotherapy - Treatments	1,356	1,404	↑ 3.4%
CT Exams	3,915	4,110	↑ 4.7%
Diagnostic Imaging - Outpatient Visits	23,281	25,244	↑ 7.7%
Mammography Exams	452	508	↑ 11.0%
Addiction Services - Total Clients	1,455	1,060	↓ 27.1%
Community Therapy - Total Visits	5,526	6,104	↑ 9.5%
EMS Code 4 Calls - (Emergency Calls)	1,147	1,156	↑ 0.8%
Home Care Services - Nursing Units	15,319	17,394	↑ 11.9%
Meals on Wheels - Units	20,375	23,684	↑ 14.0%
Long Term Care - Admissions	348	404	↑ 13.9%

The Region continues to function under the traditional health authority structure where the Cypress Regional Health Authority (RHA) Board is accountable to the broader community, the Chief Executive Officer (CEO) reports to the Cypress RHA Board, and the Vice Presidents report to the CEO. To view the Cypress Health Region's organizational chart please view Appendix A.

Services

The Cypress Health Region employs approximately 1,750 staff members who provide a variety of facility-based and community-based programs and services. Staff are dispersed throughout the Region's 17 facilities, communities, and individual's homes. Facilities offer varying levels of services and are located in the communities of Cabri, Climax, Eastend, Gull Lake, Herbert, Hodgeville, Leader, Mankota, Maple Creek, Ponteix, Shaunavon, Swift Current, and Vanguard. The Regional Office is located in Swift Current.

Services provided in the Cypress Health Region include: acute care, specialized acute care services including renal dialysis, community oncology, computed tomography, surgery, intensive care, obstetrics, health centres, primary health care sites, long term care, emergency medical services, home care, chronic disease management, mental health and addictions, and population health. The Region's website (www.cypresshealth.ca) includes more information on the services provided at each facility. A sampling of services provided to Cypress Health Region residents in the 2016/17 fiscal year is included on page 9.

The Birthplace of Medicare - Swift Current Health Region No. 1

On June 30, 2016 the Cypress Health Region celebrated the 70th anniversary of the formation of Swift Current Health Region No. 1. The Swift Current health plan of 1946, the first of its kind of North America, provided universal medicare to those living within the area. This health plan made southwest Saskatchewan the 'birthplace of medicare', a title it has rightfully held ever since.

A special ceremony was held on June 30 to commemorate the anniversary. A photo collage was prepared by a local historian and presented to the Cypress Health Region. CEO Beth Vachon announced at the event that a permanent display would be placed at the Cypress Regional Hospital to commemorate the achievement.

To read the full story of how Swift Current and district areas, including Leader, Maple Creek, and Shaunavon, became the birthplace of medicare please visit: https://cypresshealth.ca/about-us/the-birthplace-of-north-american-medicare/

CYPRESS HEALTH REGION
Leaders in Rural Health Exce
FATHERS OF MEDICARE

Family members of the original 'fathers of medicare' were in attendance at an event on June 30, 2016 to celebrate the 70th anniversary of southwest Saskatchewan becoming the birthday of medicare in North America.

Partners and Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents. *The Regional Health Services Act* defines a 'health care organization' (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received from the Health Region. HCOs are required to submit audited financial statements and statistical information to the Health Region.

These relationships include:

- ***Foyer St. Joseph*** – an affiliate organization that provides long term care services in the community of Ponteix. The Foyer St. Joseph is physically integrated with the Region's Ponteix Health Centre facility.
- ***Private Ambulance Service Operators*** – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix, and Val Marie.
- ***McKerracher Support Services Inc.*** – provider of independent living services for individuals suffering from a long-term mental illness.
- ***Canadian Mental Health Association*** – provider of day programming for individuals suffering from long-term psychiatric disorders.

The Health Region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the Health Region. In addition, monthly program meetings are held between representatives of the organizations and Health Region where joint client case planning is coordinated.

The **Dr. Noble Irwin Regional Healthcare Foundation** is a key partner with the Cypress Regional Health Authority. The Foundation is an independent organization that is managed and governed by a separate management and governance team. The Foundation serves as the primary fundraiser for the Region. Regular discussions are held between the management teams of the Foundation and the Region to coordinate initiatives that meet the strategic directions of both entities. As well, members of the respective Boards meet to ensure that governance issues are maintained. Additional information regarding the Foundation can be found by visiting their website at www.drirwinfoundation.com/.

Governance

According to *The Regional Health Services Act*, there are to be no more than 12 members serving on the Cypress Regional Health Authority and they are appointed by the Lieutenant Governor in Council. These members (often referred to as 'the Board') represent the diversity of the Health Region from a mixture of rural and urban backgrounds.

The most recent appointments to the Board were made on October 5, 2015 from the Ministry of Health.
A total of eight members have been appointed to the Cypress RHA:

- Lyle Quintin (Chairperson) – Swift Current
- Pam Busby (Vice Chairperson) – Leader
- Ron Heeg – Swift Current
- Don Lewis – Maple Creek
- Judy Smith – Mankota
- Larry Stephens – Swift Current
- Brian Whiteside – Swift Current
- Terry Wilson – Swift Current

Cypress RHA Board of Directors

CYPRESS HEALTH REGION
Leaders in Rural Health Excellence
SAFETY • COM S TABILITY • EXCELLENCE

Back row, left to right: *Brian Whiteside, Lyle Quintin, Don Lewis*
Front row, left to right: *Ron Heeg, Larry Stephens, Pam Busby, Judy Smith*
Missing: *Terry Wilson*

The RHA is responsible for the planning, organization, delivery, and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for: strategic planning; fiscal management and reporting; building and maintaining quality relationships with stakeholders; quality management initiatives; monitoring, evaluating, and reporting of performance indicators; and monitoring the management and performance of the Authority and the Chief Executive Officer.

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority utilizes ad hoc committees to deal with specific issues.

Cypress RHA board meeting minutes and scheduled meeting dates are displayed on the Cypress Health Region's website for public access at: https://cypresshealth.ca/about-us/board-of-directors/.

Community Consultations

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the Health Region. These opportunities to consult with the 'community' provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the past, a series of five geographically-established Community Leadership Networks was established. These networks were comprised of representatives from the 76 municipal councils within the Health Region's boundaries. There were no 'formal' complete meetings scheduled during the 2016-17 fiscal year, however various discussions took place with individual and collective groups of municipal councils.

The Authority has extensively and successfully utilized informal community consultation structures that take advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the Region to discuss health care concerns and issues specific to that community and surrounding area. This approach will continue into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners.

The Health Region has engaged in the Community Planning Process (CPP) in a number of its communities. The process assists communities in creating a vision of what they want to achieve in the next three years, identify health needs of the community, prioritize the identified health needs, and participate in addressing the priority health needs. The Town of Ponteix, through action steps identified in a Community Planning Report initiated in 2012, fundraised for the replacement of its x-ray machine that was successfully installed in May and June 2016. The Town of Cabri has also been engaged in the Community Planning Process and disbanded after achieving its goals.

A series of community meetings took place in Mankota, Ponteix, Vanguard, and Hodgeville to collect community feedback on the addition of primary health care services, including pharmacy. The meetings were well attended in all communities with recommendations being made for how a primary health care pharmacist could help meet their community needs. The outcome of these meetings was the implementation of primary health care pharmacy services one day per week in each of the communities. Community and stakeholder meetings were also held in Leader and Eastend and a community stakeholder survey was conducted in Shaunavon.

Emphasis continues to be placed on the value and role of Patient and Family Centred Care (PFCC) representatives within the Cypress Health Region. PFCC provides a pathway for the Region to welcome, respect, hear, and support the relationships and partnerships within patients and their family members. During the 2016-17 fiscal year, the Cypress Health Region had 39 registered PFCC representatives participate in various projects combining for nearly 500 hours of volunteer service. Some of the projects that representatives were involved with included transitioning Swift Current's long term care services into The Meadows facility, serving on the medication reconciliation interdisciplinary team, participating in the Region's quality improvement work including strategic projects and rapid process improvement workshops, and standing as members of various quality improvement teams including infection control, mental health and addictions, communication, and purposeful interactions. Patient and Family Centred Care representatives, as laid out in the Region's PFCC Plan, continue to be engaged and rooted in the work being done by the Region.

> *"I love that I was able to be part of an RPIW that focused on ensuring that all members of a health care team are equally able to "stop the line" or stop a medical process if they recognize a safety concern.*
>
> *I think that ensuring all health care team members are validated for speaking up if they see something concerning in terms of safety - whether it be wrong medication, a concerning test result missed, a slippery floor not properly flagged, etc.*
>
> *I think what we did was to ensure everyone in the hospital, staff and patients, will be heard if they see something "wrong". These are the first steps in changing the culture in hospitals where everyone's voice is important. The patient, the family, and all hospital staff are part of the safety team!"*

Melinda Baum, Patient/Family Representative

Cypress Health Region staff participated as a member of the Southwest Regional Intersectoral Committee (SRIC), a group of organizations and partners working together to promote community events, programs, and services. This participation included attending monthly SRIC meetings and working on specific projects such as the www.swsaskconnect.ca website, designed to help users find information on the topics and challenges that are present in their community.

Over the past several years extensive consultations have been held with groups of municipal councils and community champions in relation to capital projects in Maple Creek, Swift Current, and Leader. These three projects have included varying levels of patient and family representatives helping to determine the design and eventual transition into these facilities. In Swift Current, for example, patient and family representatives played a large role in determining the initial design of the new 225-bed long term care facility and were also involved in the three transition dates as part of the strategy to relocate into the new facility.

Patient and Family Centred Care representatives lead work as part of the Region's Rapid Process Improvement Workshop on Safety Alert/Stop the Line

The Region values and continues to build upon its strategic partnerships with educational institutions. These partners include the Chinook School Division, which has very similar geographical boundaries to the Region, Holy Trinity Catholic School Division, Great Plains College, Saskatchewan Polytechnic, and the Universities of Saskatchewan and Regina. These partnerships have resulted in key programming and technologies for future generations including high school student care aide programs, family medicine residencies, and educational programs offered in Swift Current including registered nursing, licensed practical nursing, and continuing care assistants. The Region strongly values such partnerships with local and provincial educational institutions and looks forward to continuing to build strong relationships to develop and achieve collective strategies.

Other consultative processes that are being utilized include Southwest Municipal Government Forums, Chambers of Commerce, and former health district-related advisory and trust committees.

Emerging Health Issues

Emerging health challenges can happen at any location within the Health Region, the province, nationally, or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

The ever-increasing emphasis directed to **chronic disease management** continues to play a role in the Region's program and service delivery both now and into the future. The incidence of chronic diseases including diabetes, cardiac-related diseases, pulmonary infections, asthma, and others are increasing and strategies to combat the risk factors associated with these diseases assist in addressing them. One example is the Region's *LiveWell with Chronic Conditions* program which provides practical suggestions and support to build confidence in coping with every day challenges of chronic conditions.

The presence of viruses and other illnesses in facilities and throughout southwest Saskatchewan pose potential health issues. The Region's expanded orientation program has a greater emphasis on the necessities for proper **infection control measures** to be practiced and what to do when faced with an infection control issue. Continued educational awareness of the necessities for proper infection control by staff and the general public can go a long way in reducing the spread of viruses and illnesses. An additional measure is the promotion of immunizations and awareness of the resurgence of some vaccine-preventable illnesses including mumps, measles, whooping cough, and others.

Nearly one-third of Canadian children aged 5-17 are **obese or overweight**, according to Statistics Canada. The Growing Healthy Families coalition is a partnership to engage local communities with a primary goal of preventing unhealthy weights and related health conditions in children and youth. Efforts are being focused on promoting healthy lifestyles, treatment options through the Family Centre for Weight and Health, improving infant nutrition, increasing opportunities for after-school physical activity, and enhancing understanding of current risk factors and health outcomes.

The Cypress Health Region is considered a 'hot spot' for **radon** gas due to the presence of uranium in its soils. When inhaled, radon damages cells inside the lungs and is the second leading cause of lung cancer in Canada. A *Radon Home Health Study* was conducted by the Region to examine and better understand household radon exposures. More information on this study can be found in the Progress and Performance section of this Annual Report.

PROGRESS IN 2016-17

During the 2016-17 fiscal year, a system-wide strategic planning and deployment process was identified within the Saskatchewan health system. The *Ministry of Health's Plan for 2016-17* outlines a vision for improving access that provides 'Better Health, Better Care, and Better Value', which focus on making improvements to the health of the population, individual care, and financial sustainability in the context of value. The fourth element of the vision is that of 'Better Teams' which is intended to strengthen the healthcare workforce to enable the changes required to improve the three other aims.

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support client and family-centered care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

The strategic focus of the Region mirrors the Ministry's priorities as outlined in the *Ministry of Health Plan for 2016-17*. As the Region moves along its transformational agenda with the Ministry and the rest of the province's health system, it continues to be committed to improving access, quality, and safety for the residents of southwest Saskatchewan. The transformation agenda includes a series of targets and innovations that puts the patient first in everything that we do, enhancing the culture of patient and staff safety, strengthening primary health care, addressing emergency department waits and patient flow, improving long term care services, and strengthening mental health and addiction services.

The following section provides information and a brief summary on the Region's key results, activities, accomplishments, and outcomes during the 2016-17 fiscal year.

Strategy: Better Health

SYSTEM OUTCOMES:

By March 2019, there will be increased access to quality mental health & addiction services and reduced wait time for outpatient and psychiatry services.

By 2017, people living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization related to 6 common chronic conditions (Diabetes, CAD, COPD, Congestive Heart Failure, Depression, and Asthma).

By March 31, 2020, seniors can access supports to remain at home allowing them to progress into other care options as needs change.

SYSTEM IMPROVEMENT TARGETS:

By March 31, 2017, meet triage benchmarks for outpatient mental health and addiction services 100% of the time.

By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care Team for care on my day of choice either in person, on the phone, or via other technology".

By March 31, 2017, 45% of patients with four common chronic conditions (Diabetes, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease [COPD], and Heart Failure) are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical records and the Electronic Health Record viewer.

By March 31, 2017, 100% of Saskatchewan long-term care facilities meet the benchmark targets established for the seven quality indicators.

By March 31, 2017, 100% of long-term care staff have reviewed all modules of the Program Guidelines for Special-Care Homes.

By March 31, 2017, a baseline will be established for resident and family experience in long-term care.

By March 31, 2017, 67% of long-term care facilities will have implemented Purposeful Rounding.

By March 31, 2017, the percentage of clients with a MAPLe score of three to five living in the community supported by home care will increase to 80%.

By March 31, 2017, the percentage of clients with a MAPLe (Method of Assigning Priority Levels) score of three to five living in the community supported by home care will increase to 80%.

SYSTEM PLAN:

To improve access, by March 31, 2017, meet triage benchmarks for outpatient mental health and addiction services 100% of the time.

Cypress Health Projects/Results

Primary Health Care

Chronic Disease Management

Chronic Disease Management – Quality Improvement Program

The Region's Primary Health Care (PHC) team built upon its work to expand the Chronic Disease Management – Quality Improvement Program (CDM-QIP) amongst providers. The CDM-QIP is a provincial program that focuses on the continuous improvement of those living with chronic diseases including diabetes, coronary artery disease, chronic obstructive pulmonary disease, and others.

All physicians and nurse practitioners working with the Primary Health Care program were trained on the use and implementation of CDM-QIP templates. Nine of the Region's 13 PHC physicians are completing CDM-QIP flowsheets with their patients and all six of the Region's nurse practitioners are completing CDM-QIP flowsheets. These providers are located in the communities of Leader, Maple Creek, Eastend, Shaunavon, Mankota, Ponteix, Hodgeville, and Vanguard. At the Region's eight Primary Health Care sites a total of 1,157 flow sheets were completed, not including those done by fee-for-service physicians. Provincially 49,283 of the 802,000 unique patients with a CDM-QIP flowsheet have been completed.

To promote the accessibility of CDM-QIP flowsheets the Region developed a five minute video to explain the program and its benefits. With the inclusion of physician, nurse practitioner, management, and patient perspectives the video covers a broad range of CDM-QIP information. The video was released on May 25, 2016 and has been viewed more than 2,550 times and has reached 5,000 unique individuals.

Programming

The Cypress Health Region has implemented several programs to improve the health of persons with or at risk for chronic conditions. Of the many programs and initiatives underway, successes were seen in the areas of diabetes education, Live Well with Chronic Conditions, pulmonary rehabilitation, Craving Change, Living Your Best Weight, spirometry, Fitness 4 Life, and smoking cessation. Events, information nights, and other information sessions were held throughout the year led by the Region's team of professional providers. New staff in the chronic disease portfolio, who have other professional backgrounds, have opened the doors to new programming that would have otherwise been unavailable, such as enhanced spirometry and low risk/short term mental health counselling.

The PHC Health Education team was redesigned to include a dietitian and social worker, expanding the breadth of the program. This expansion included the additions of lifestyle coaching and increased public education. The Region is sponsoring one of its health educators to become a Certified Respiratory Educator (CRE) to assist persons living with COPD and asthma. The expanded Health Education team works cooperatively with physician clinics in providing shared care appointments to clients living with chronic diseases. This shared team includes physicians, dietitians, and a nurse educator.

Overall, the Region's rate of inpatient hospitalizations due to the six most chronic conditions has remained steady. There were 520 actual hospitalizations for these chronic conditions in the most recent year of available data (2015/16) compared to 521 in 2011/12. In the past five years of available reporting the highest rate was 535 hospitalizations experienced in 2014/15.

Provider Access/Patient Satisfaction

As part of its commitment to the five year outcome target of enhancing access to a Primary Health Care (PHC) provider, the Region monitored the ability of patients to access an appointment on their day of choice with a PHC team member. The Cypress Health Region's average score of patients reporting that they were able to get an appointment on their day of choice was 94%. The communities of Maple Creek and Mankota reported results of 100%. Historically the provincial average has ranged from 73% to 85%.

Changes in the reporting processes of this data resulted in challenges quantifying the overall improvement to patient satisfaction regarding accessibility of PHC services. An overall score of 94% does, however, indicate a very high overall satisfaction level from patients accessing these services.

Electronic Medical Records/eHR Viewer

Electronic Medical Records and the eHR Viewer, a secure website for Saskatchewan healthcare providers to access patient information regardless of where an individual presents for care, have been established in all of the Region's eight primary health care sites. These locations include Leader, Maple Creek, Eastend, Hodgeville, Vanguard, Mankota, Ponteix, and Shaunavon. The EMR is used to securely store and retrieve medical information, to plan and manage primary health care services, to provide reminders to providers for follow-up appointments, and also enables providers to securely share information with other members of the primary health care team.

Community Needs Assessment

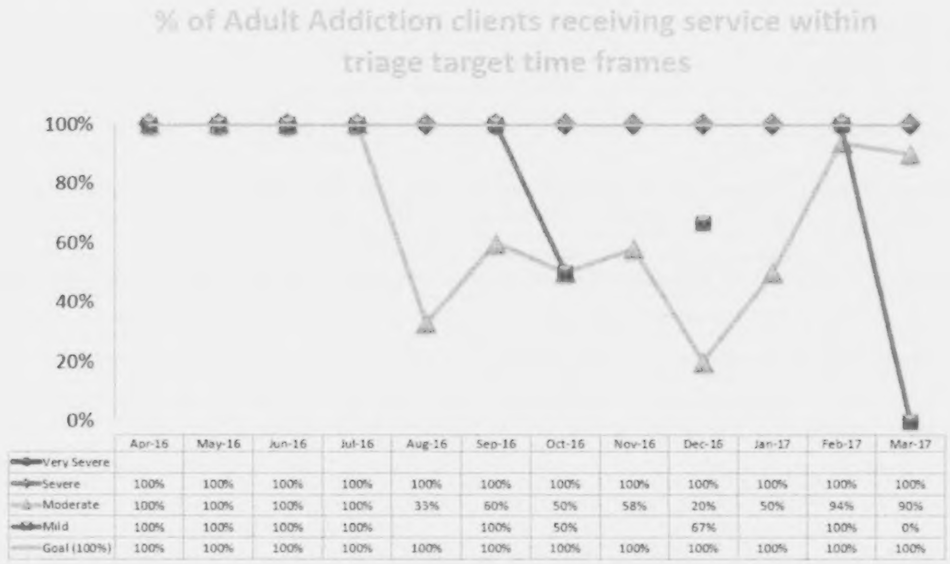
Primary Health Care engaged community members in a community needs assessment beginning in March 2017. While primary care practitioners commonly use clinical guidelines and tools to assess the needs of patients, doing a needs assessment highlighted the needs of patients accessing health services. The assessment represents potential long term and embedded health needs or health improvement opportunities.

The assessment was a dynamic process undertaken to identify the strengths and needs of communities, while providing communities with a voice. Overall the needs assessment facilitated collaborative discussions, action, and planning directed at improving PHC programs and services.

Mental Health and Addiction Services

Outpatient Services

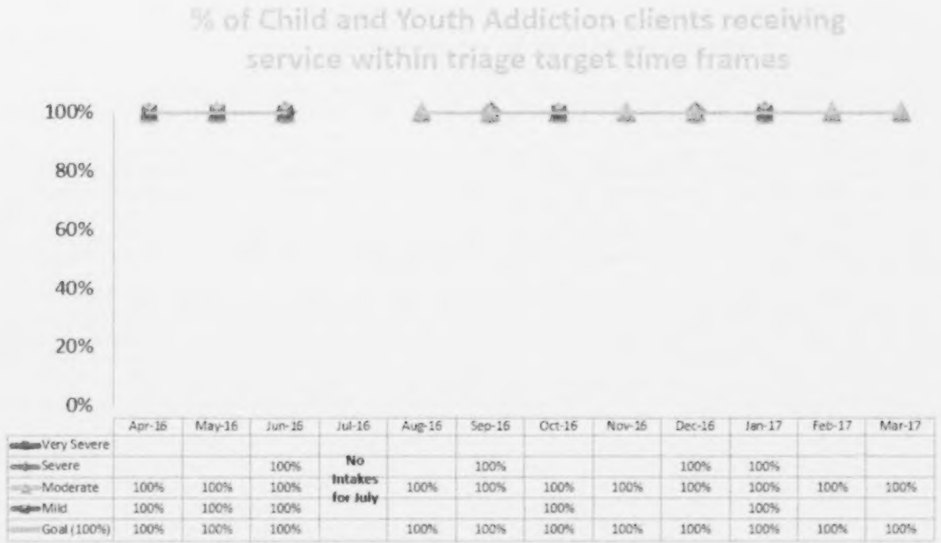
The target percentage of addiction clients receiving service within triage target time frames for both adult and child/youth categories was 100%. The Health Region met the 100% target time frame for child and youth addiction clients in severe, moderate, and mild categories throughout the year. The target timeframe was also met 100% of the time for adult addiction clients rated severe.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Very Severe												
Severe	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Moderate	100%	100%	100%	100%	33%	60%	50%	58%	20%	50%	94%	90%
Mild	100%	100%	100%	100%		100%	50%		67%		100%	0%
Goal (100%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Cypress Health Region, Health Information Department

(where no data exists there were no clients in that category/month)

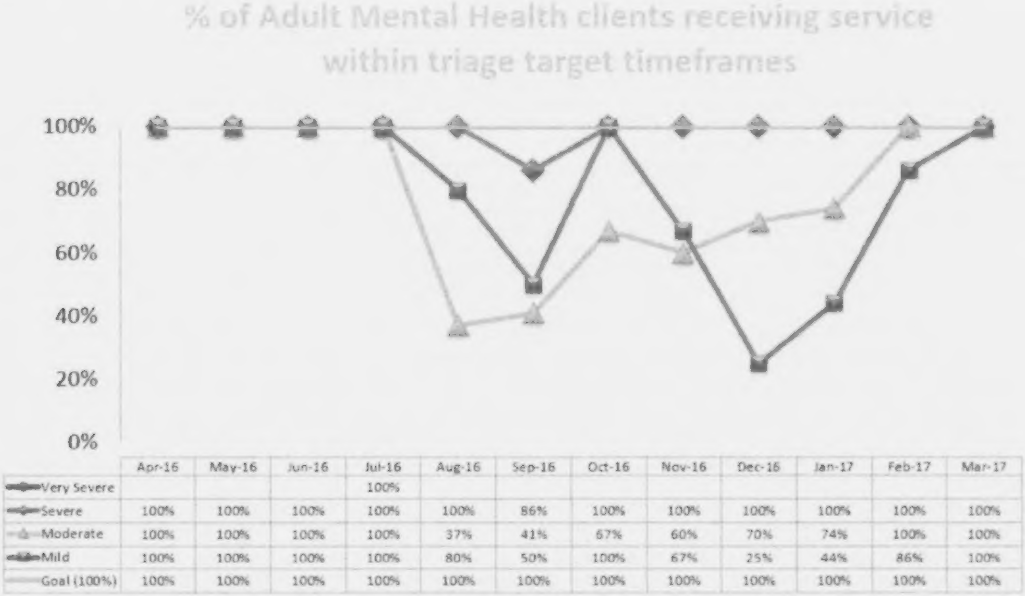


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Very Severe												
Severe			100%	**No Intakes for July**		100%			100%	100%		
Moderate	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%
Mild	100%	100%	100%				100%			100%		
Goal (100%)	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%

Source: Cypress Health Region, Health Information Department

(where no data exists there were no clients in that category/month)

The target percentage of adult clients receiving mental health services within triage target timeframes was 100%. This target was met all 12 months for all severe and mild child and youth mental health clients and was met in nine of 12 months for moderate cases. Severe adult mental health clients were seen within triage target timeframes in 11 of 12 months while those with moderate and severe cases increased towards the 100% target throughout the year.

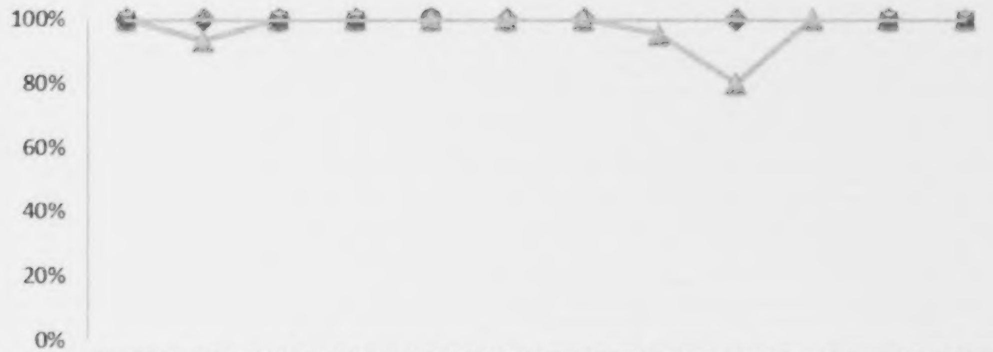


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Very Severe				100%								
Severe	100%	100%	100%	100%	100%	86%	100%	100%	100%	100%	100%	100%
Moderate	100%	100%	100%	100%	37%	41%	67%	60%	70%	74%	100%	100%
Mild	100%	100%	100%	100%	80%	50%	100%	67%	25%	44%	86%	100%
Goal (100%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Cypress Health Region, Health Information Department

(where no data exists there were no clients in that category/month)

% of Child and Youth Mental Health clients receiving service within triage target time frames



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Very Severe					100%							
Severe	100%	100%	100%	100%	100%	100%	100%		100%		100%	
Moderate	100%	93%	100%	100%	100%	100%	100%	95%	80%	100%	100%	100%
Mild	100%		100%	100%							100%	100%
Goal (100%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Cypress Health Region, Health Information Department
(where no data exists there were no clients in that category/month)

It is generally difficult to establish a timeline when benchmark times may be met. This is due to a number of factors such as high variability in client demand, unforeseen and unpredictable occurrences, and budget constraints. The team worked aggressively towards achieving its March 31, 2017 target of 100% of clients being treated within benchmark timelines.

To improve overall wait times to mental health and addiction services the team initiated a new single session therapy option within the adult program which allows clients to access same-week services, information, and supports to meet their presenting issue. An implementation team has also been developed for the level of care utilization system (LOCUS) that will be trialed in the fall of the 2017/18 fiscal year. In the meantime, intake staff are using stepped care principles to direct intakes to the appropriate resources. The Region continued to promote the availability of its centralized intake number, allowing a single access point for all clients.

Regular offerings were available for therapy groups, addictions drop-in groups, and community resources including Alcoholics Anonymous, parenting groups, and others.

The team is working closely with the Region's health information management coordinator to ensure that real-time data is captured on a go-forward basis.

Mental Health and Addiction Services Action Plan

A 10-year *Mental Health and Addiction Services Action Plan*, initially announced by the Saskatchewan Ministry of Health in 2014, outlines 16 recommendations that span seven categories including enhanced access and capacity, focus on prevention and early intervention, responding to diversities, and others. The Region's Director of Mental Health and Addiction Services and other team members are active participants in responding to the recommendations included in the Plan.

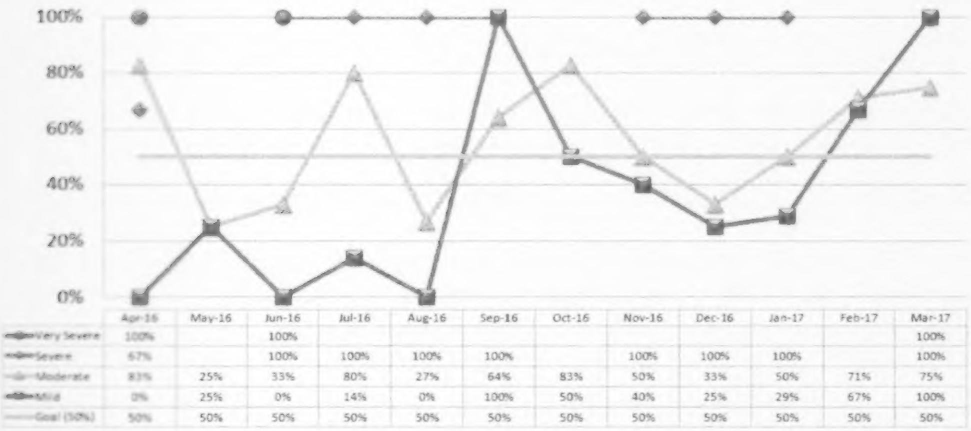
Progress on this work has been achieved through increasing counsellors that provide internet-based cognitive behavior training, ongoing development of a social worker within the mental health unit being available to the Cypress Regional Hospital's emergency department physicians, modernized community mental health rehabilitation programming, and including family members as part of the team including participation in a weekly patient focus group within the inpatient unit at the Cypress Regional Hospital.

Psychiatry Services

The Region implemented various improvement strategies to continue to increase the availability of psychiatry services and to improve the overall performance against benchmark timelines.

- When an external referral source such as a family physician makes a referral to psychiatry, the psychiatrists initiate a timely telephone consultation with the physician. This allows for a more client-centred, interdisciplinary discussion about the urgency of the need and strengthens the team based approach taken with clients.
- The program's director and supervisors are continuing to build strategies to temporarily redirect psychiatry referrals by using brief therapy at intake or a single session appointment. This allows a more client-centred approach for the specific need and ensures that the need is identified in a timely manner.

% of Adult Psychiatry clients receiving service within triage target timeframes



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Very Severe	100%		100%									100%
Severe	67%		100%	100%	100%	100%		100%	100%	100%		100%
Moderate	83%	25%	33%	80%	27%	64%	83%	50%	33%	50%	71%	75%
Mild	0%	25%	0%	14%	0%	100%	50%	40%	25%	29%	67%	100%
Goal (50%)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Source: Cypress Health Region, Health Information Department

(where no data exists there were no clients in that category/month)

Seniors and Long Term Care

Long Term Care Service Delivery and Improvement

Significant work has taken place in long term care service delivery to ensure residents receive the best possible care, that appropriate education is provided, and that the voices of residents and families are heard.

Educational resources

To implement educational resources in long term care facilities the Region has trained staff in PIECES and will continue to provide education for this valuable program. PIECES, known as Putting the Pieces Together, is a holistic, person and care partner-directed model that enhances capacity in individuals, teams, organizations, and systems. It provides a practical framework for assessment and supportive care strategies for those with dementia. It can be integrated with other best practice in care.

Health services managers are provided with monthly education reports to ensure staff are maintaining their mandatory education requirements. This has been significantly improved through the Region's use of a custom web-based eLearn education delivery platform. Staff have also been provided with educational opportunities on specific courses such as Foot Care in the Elderly, a healthy feet program to assist and maintain mobility for residents.

Resident and family experience

The Region completed a long term care resident experience survey in the 2016/17 fiscal year. In total nearly 400 responses were completed by residents and family members.

Results of the survey were tabulated and distributed to directors, health services managers, and families for review. Key sections and improvement areas have been selected by these groups who are now working on generating improvement ideas. This survey will be completed again in the next fiscal year.

AREAS RATED HIGHEST BY RESIDENTS

Cleanliness of home (95% agreed), enough to eat and drink (95%), feel safe in home (95%), staff encourage independence (93%), staff greet and address me by name (93%), staff treat me with respect (93%), I have choices about my care (91%), and access to spiritual services (89%).

AREAS RATES LOWEST BY RESIDENTS

Can get help with financial issues if needed (64%), if I raise a concern I am involved or contacted about the outcome (67% agreed), I am involved in decisions about my care (70%), temperature in home is comfortable (70%), communication about changes in my care is timely (74%), staff support me to access other health professionals as needed (74%), good quality of food (78%), enjoy activities (79%), and can get emotional support if needed (79%).

This survey serves as a baseline for resident and family experience in long term care.

More information on the 2016 long term care resident experience survey can be found in Appendix C.

Program Guidelines for Special Care Homes

The Region achieved a 100% completion rate of staff reviewing all modules of the Program Guidelines for Special Care Homes. More than 900 long term care staff throughout the Region completed this education.

It is a noted challenge to maintain a 100% completion rate with staff turnover, however processes have been put in place to ensure that all staff working in long term care complete this education prior to working within a facility.

Purposeful Interactions

In an effort to establish and maintain identified resident care needs, it is essential to implement a system of planned, regular interactions with residents of long term care facilities. Purposeful interactions, sometimes referred to as purposeful rounding, has many benefits including: reduced number of call lights, reduced number of complaints related to pain, increased patient satisfaction, increased employee satisfaction and staff productivity, and others. The Region uses purposeful interactions terminology in place of purposeful rounding as it demonstrates and encourages engagement with residents more than regular check-ins, or rounds.

The target of 67% of long term care facilities implementing purposeful interactions has been met. The Region's work in this area began as a rapid process improvement workshop (RPIW) in the Herbert and District Integrated Health Facility and was then replicated in other long term care facilities throughout the Region. All of the Region's long term care facilities are anticipated to have purposeful interactions established by the target of March 31, 2018.

The Meadows in Swift Current, which opened between June and September 2016, has developed a focused multi-disciplinary improvement project on purposeful interactions within its 22 house design. The use of purposeful interactions was first completed in one of these houses and, once improved upon, was completed and moved into a replication phase. Replication of purposeful interactions in the facility's remaining 20 houses will occur early in the 2017/18 fiscal year.

Point Click Care (electronic charting) continues to be used to assist with documentation of each interaction instead of using a paper based method as previously trialed.

Seven Quality Indicators

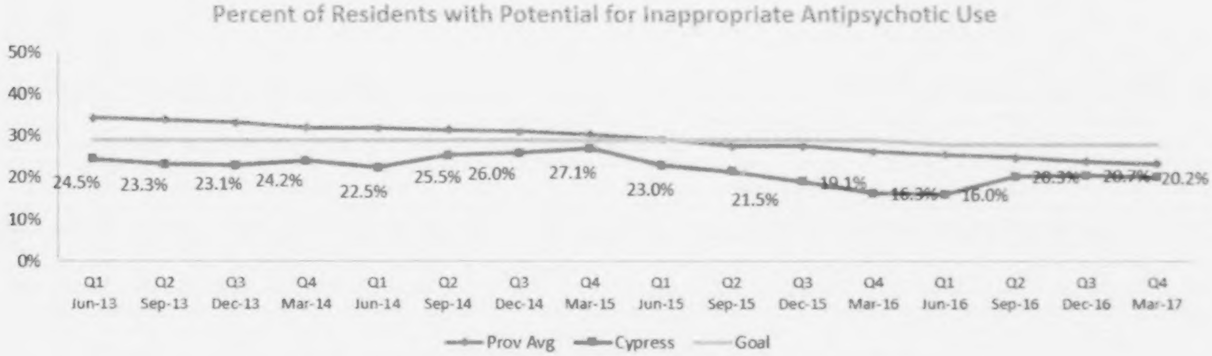
The Region closely monitors the status of each long term care facility in relation to seven quality indicators generated from the Minimum Data Set for long term care (MDS – LTC). MDS is a standardized, resident-centred functional assessment tool used to identify strengths and limitations, maximize resident independency, and keep cognitive abilities intact. The Region's MDS Coordinator provides data on these seven quality indicators to the health services manager of every long term care facility in the Region in order to be aware of data indications and provide corrective action plans when necessary. If quarterly results exceed the data targets an improvement plan is submitted to the Ministry of Health's Community Care Branch who oversees and monitors the reports throughout the province. This improvement plan includes a root cause '5 Why' analysis, updated goals, and an implementation plan to achieve each goal. A multi-disciplinary team in each facility, including nursing, dietitians, wound care, physicians, and others work together with individual residents to improve outcomes.

Some abnormal increases and spikes in activity were noted at various points of the year. Upon investigation it is believed that this is due in large part to inconsistent data reporting processes, some of which was likely caused by a significant transition in Swift Current where three facilities were moved into a single new facility. This transition included training new staff, new electronic charting processes, new entries for all residents, and the development of new care plans for all residents. During a time of such transition the priority is providing appropriate care; assessments and charting may not be stable or consistent during a time of change/transition, particularly with new processes.

Medications

The Health Region focused on ensuring that residents have the appropriate medication reviews completed within a multi-discipline team.

One direct measure for this quality indicator is the percent of residents with potential for inappropriate antipsychotic use. The Region was below the provincial goal of 30% antipsychotic use in each of the four quarters and was as low as 16.0% in the first quarter.



Source: Saskatchewan Ministry of Health, Continuing Care Branch

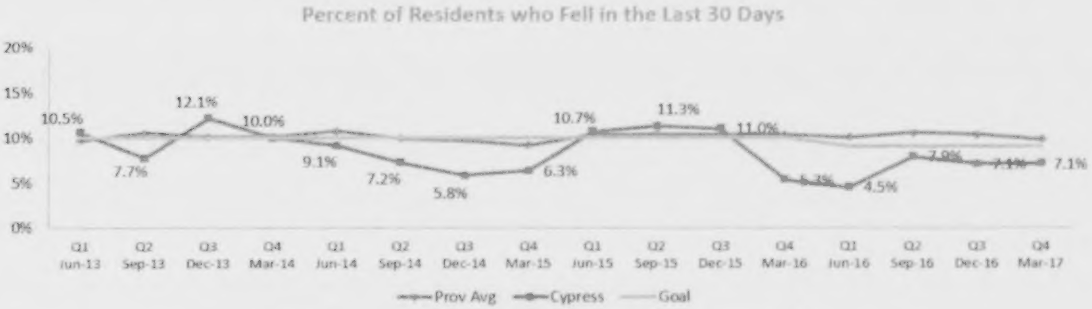
Falls

Efforts to reduce falls are made wherever possible. Recent upgrades to facilities, via capital infrastructure and capital equipment investments, have helped to improve resident and staff safety, particularly through the installation of X-Y gantry ceiling lifts.

Any fall that does occur is investigated with adequate follow up. Recommendations are made to reduce the risk of a similar fall re-occurring in the future. Falls assessments are completed for all residents on admission as well as any time there is a status change to a resident's health, including a recent fall.

The Region follows the Canadian Patient Safety Institute's Falls Prevention program.

For the 2016-17 the Region was below the provincial goal in each of the four quarters.

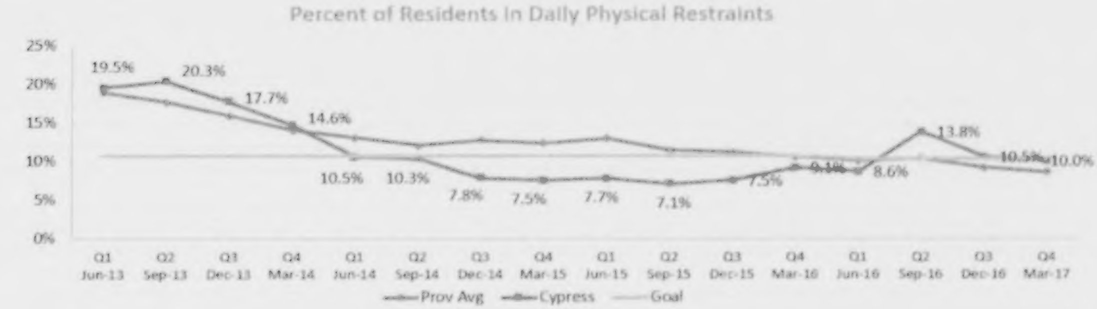

Percent of Residents who Fell in the Last 30 Days

Source: Saskatchewan Ministry of Health, Continuing Care Branch

Daily physical restraints

Significant time has been spent to ensure that staff are educated and follow the Region's *Least Restraint* policy. This policy outlines steps and strategies that are to be used before a physical or chemical restraint is utilized.

The provincial goal is 10.36% of residents to be physically restrained daily as per their target assessment. The Region was at or below this target in two of the four quarters throughout the year.

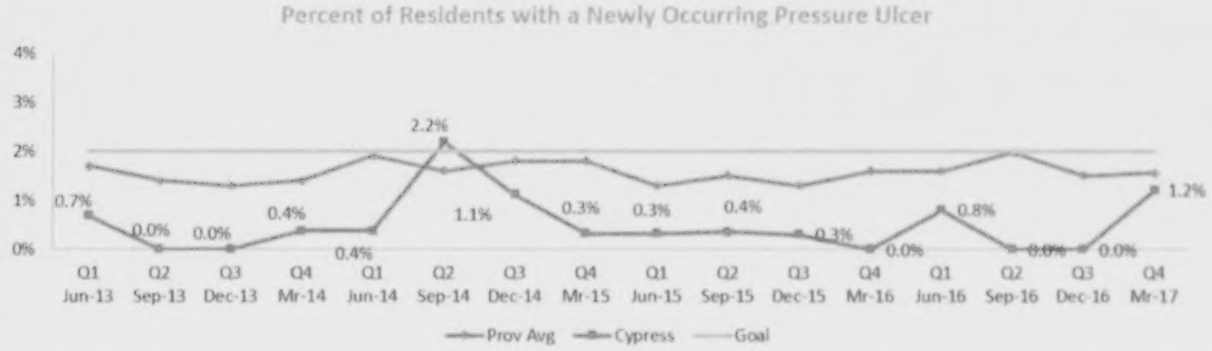

Percent of Residents in Daily Physical Restraints

Source: Saskatchewan Ministry of Health, Continuing Care Branch

Pressure ulcers

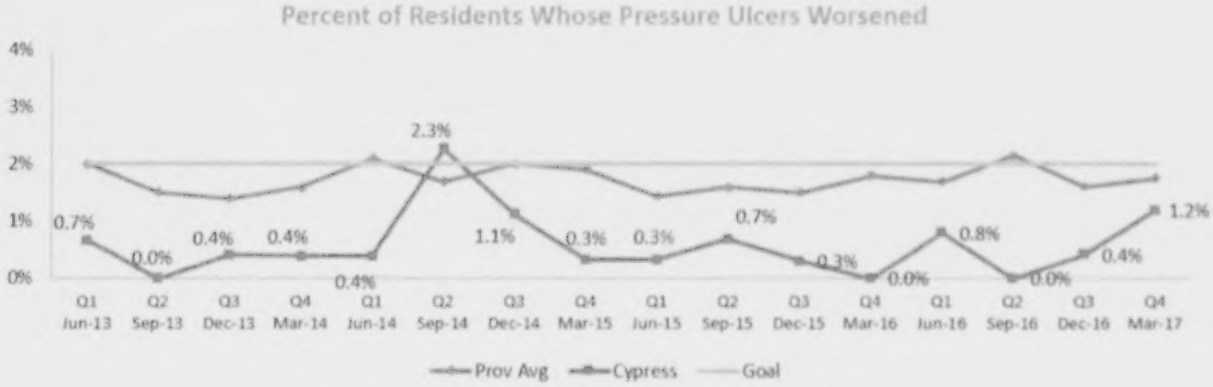
Pressure ulcers/injuries typically occur when a resident is in the same position for a prolonged period of time, such as laying on one side for too long. Pressure ulcer risk scores are conducted on admission to determine risk, alongside physical assessment, and a prevention strategy is created for each resident that includes mobility, diet, and others. The approach to reduce pressure ulcers is a multi-disciplinary strategy.

The Region was well below the provincial goal of 2% of residents with a new stage pressure ulcer in each of the four quarters including being at 0% in quarters two and three.



Source: Saskatchewan Ministry of Health, Continuing Care Branch

The Region was also well below the provincial goal of 2% of residents with an existing pressure ulcer that worsened in each of the four quarters including 0% in quarter two.

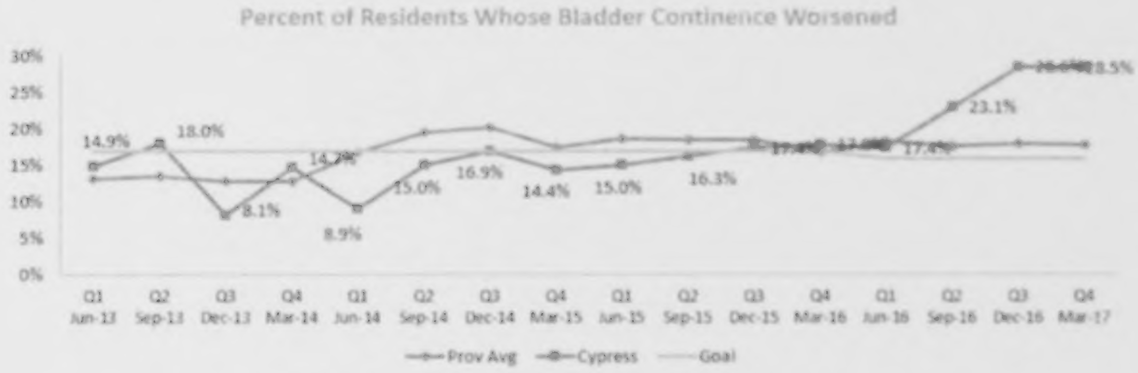


Source: Saskatchewan Ministry of Health, Continuing Care Branch

Bladder continence worsened

This quality indicator looks at residents whose bladder continence worsened compared to their most recent assessment. The data only includes residents whose bladder incontinence could worsen.

The provincial target of 16% was exceeded by the Region in each of the four quarters and worsened as the year progressed. Inconsistent data input and the transition to a new facility and new model of care is believed to be the primary cause of this spike. The Region anticipates that this indicator will stabilize early in the 2017/18 fiscal year.

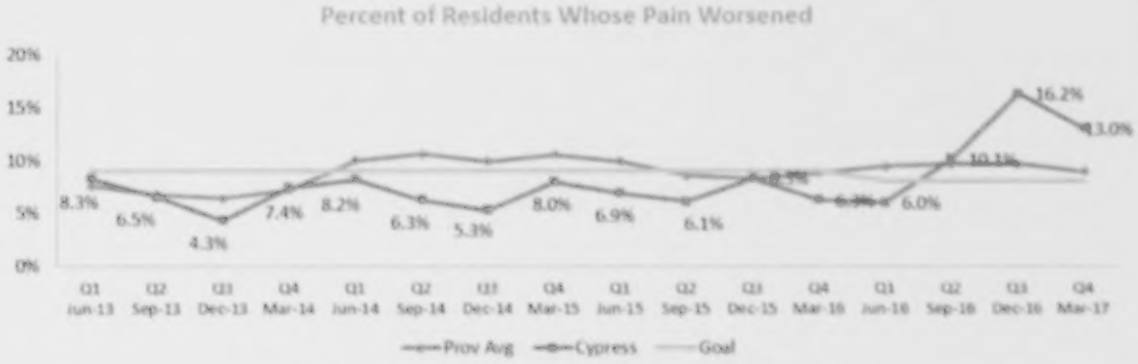


Source: Saskatchewan Ministry of Health, Continuing Care Branch

Pain worsened

This indicator measures the percent of residents whose pain worsened since their previous assessment.

The provincial goal was 8% and was exceeded in three of the four quarters. Inconsistent data input and the transition to a new facility and new model of care is believed to be the primary cause of this spike. The Region anticipates that this indicator will stabilize early in the 2017/18 fiscal year.



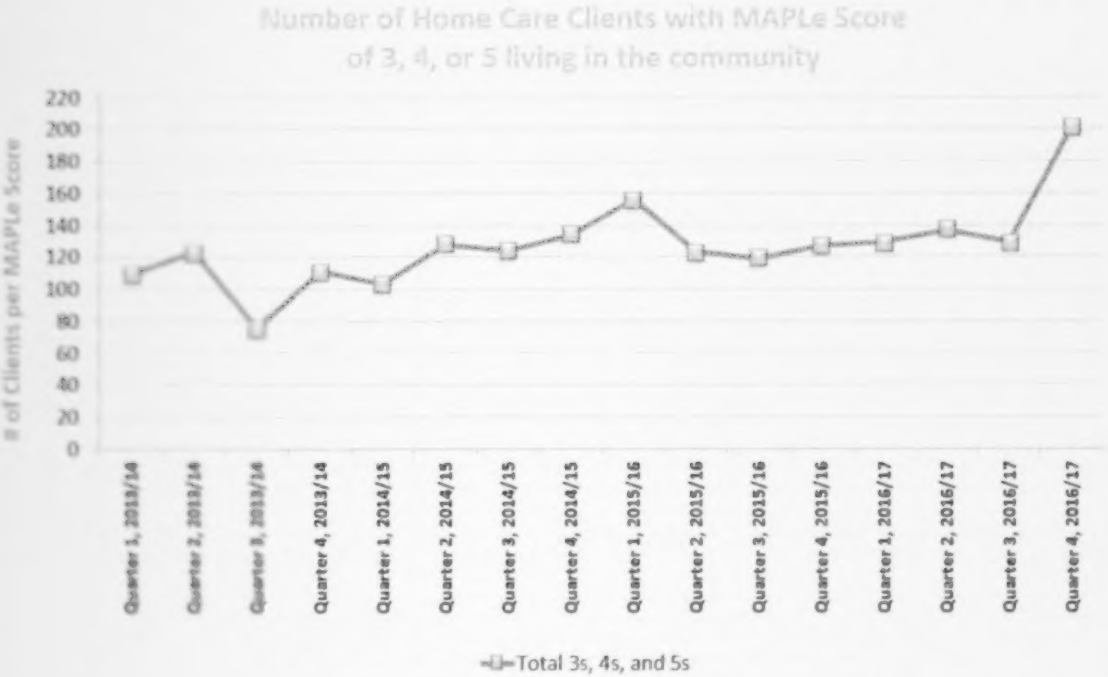
Source: Saskatchewan Ministry of Health, Continuing Care Branch

Method of Assigning Priority Levels (MAPLe)

MAPLe is a tool used by health care professionals to prioritize clients needs and allocate services accordingly. Clients with a MAPLe score of 3, 4, or 5 have increased impairments which may be physical, cognitive, or a combination of both. This decreases independence thus requiring an increased need for home care services to remain at home as long as possible without requiring admission to an acute care or long term care facility.

In the Cypress Health Region there has been a continued increase to the number of home care clients with MAPLe scores of 3, 4, and 5, meaning more individuals are able to live in their homes longer with access to adequate and appropriate home care services. In quarter four of 2016/17 the percent of clients with a MAPLe score of three to five living in their community with the support of home care rose to 73.7%. While this is slightly short of the 80% target, it does represent a 29% increase over quarter two of 2013/14. This increase is due in part to a spike in quarter four of the 2016-17 which is attributed to the opening of the Clover House, a new 15 bed hospice, respite, and rehabilitation house at The Meadows. There continues to be increased demands for home care services to provide services to clients with MAPLe scores of 3, 4, and 5.

The Home Care department and the Cypress Assessment and Placement Committee are responsible to ensure that clients are using and maximizing all home care services that are available to them prior to being approved for long term care placement. At times there must be creative planning with additional types and amounts of services required to ensure that clients can remain in their home as long as possible.



Source: Cypress Health Region, Health Information Department

Clover House

The Clover House is a 15-bed house at The Meadows in Swift Current designated for palliative, rehabilitation, convalescent, and respite care. Since opening on September 18, 2016 it has resulted in positive patient and resident outcomes while lessening the impact of service demand in other areas.

The Clover House saw a total of 105 temporary stays from the time it opened to the end of the fiscal year. The average wait time from assessment to admission is 2.6 days, a fast turnaround time that helps to lessen the pressures placed on acute care facilities that are often required to accommodate the gap in time between assessment and admission. The Clover House has flexible room availability, allowing for direct admission of palliative care clients and tertiary care patients who have had joint replacement surgery. This flexibility further reduces the demand placed on acute care facilities and emergency rooms throughout the Region.

The most common results for Clover House patients are discharge with home care, discharge with home pass, discharge without home care, and discharge with further assessment follow up.

Home Care

Providing adequate and appropriate home care services allows clients to remain in their own homes as long as possible. The Region notes increased client complexities amongst the Home Care department and is seeing marginal increases to demand for home care services, day programs, and respite care cases. Access to home care supports is a priority of the Region.

Individualized funding is a contract with the Health Region that allows patients to arrange and manage their own support services based on assessed needs. The amount of funding has remained stable over the most recent 12 month period. This funding permits clients to be able to remain in their homes and still receive the support and care they need without having to move into a care facility.

Home based palliative care programming continues to grow and expand to meet the needs of palliative clients who wish to remain at home during the end stage of life. Palliative care is also delivered in the Region via long term care and hospital facilities, including Clover House at The Meadows.

Staff travel time and the availability of staffing resources are noted challenges within the delivery of home care services to clients living in rural and remote locations.

Therapies

The therapy department was engaged in multiple group approaches and multi-disciplinary teams throughout the year:

- Pulmonary rehabilitation – program ran twice a year for six weeks per delivery and offers education and exercise for people with chronic lung disease
- Cardiac education – delivered education intermittently throughout the year on exercise prescription for people with cardiac conditions
- Family Center for Weight and Health – clinic ran once per month to deliver a team approach to children and their families
- Pediatric health and development team – provided assessment and treatment of children
- Torticollis and plagiocephaly (baby's neck/head shape) group – a brand new clinic created to meet the caseload demands of the Region's paediatric physiotherapists
- Palliative care team – occupational therapists provided consultative service and direct care for palliative patients and their families, both in homes and Region facilities

Outpatient Physiotherapy Waitlist Project

An outpatient physiotherapy waitlist project was undertaken within the Cypress Regional Hospital's Therapy department to help alleviate a long waitlist for patients that were deemed non-acute. The project was connected to one of the Region's physiotherapist's involvement in the Saskatchewan Leadership Program.

Patients with musculoskeletal injuries, chronic pain, and other non-acute health concerns were being deemed a lower priority than post-surgical, post-stroke, and other high priority patients. The baseline waiting period for non-acute patients was 98 days and needed to be improved.

Using similar improvement work to what was completed in Lloydminster of the Prairie North Health Region, the project resulted in the development of a one day per week assessment clinic with a goal of reducing wait times to 14 days.

The clinic allows patients to check-in between 8:00am and 8:30am on the date of the assessment clinic and select an available appointment time. Appointments are available on a first come first serve basis and allow no-shows to be booked by other patients who can fill available slots.

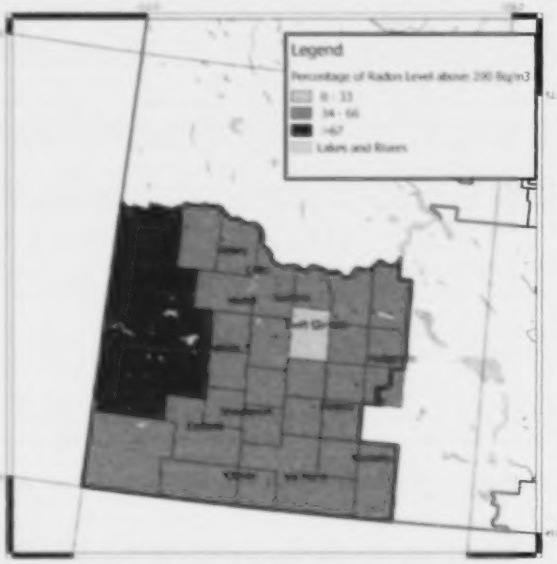
Outcomes from the outpatient physiotherapy project have proved very positive. The number of patients waiting was reduced from 96 in April 2016 to just 17 by December. The average wait time of 98 days was drastically reduced to six days. Patients are also on caseload an average of 61 less days, down from 157 days spent on caseload to 96 days.

Radon

From 2009 to 2011, the *Cross-Canada Survey of Radon Concentration in Homes* found that household radon levels in Saskatchewan surpassed the national rate, and the highest levels were in the Cypress Health Region. Radon is a cancer-causing radioactive gas present in homes across Canada (Health Canada, 2012b). It is an odourless, invisible, and tasteless gas that is produced from the decay of uranium in rocks, soil and water. Radon's connection to lung cancer is of concern. On average, 16% of all lung cancer deaths in Canada can be attributed to radon (Health Canada, 2014).

In response to this concern the Cypress Health Region conducted a *Radon Home Health Study*. The Study was designed to better-understand radon exposure in households with children, and to provide additional education to those with elevated radon levels. Because preventing exposure is ideal, families with children aged 18 and under were invited to participate in the Study. Through support from the Saskatchewan Disease Control Laboratory and Health Canada, the Cypress Health Region provided clients with free radon testing and education regarding radon mitigation.

The Study was distributed in two separate waves promoted through public health nursing and a regional awareness campaign. Combined, 179 participants enrolled in the Study spanning 27 communities. Of these, 54% of households were within acceptable radon levels (<200 BQ/M³) and 46% had elevated radon levels. Results from the current Study suggest that household radon exposure is significantly higher than reported by a previous national survey. The map to the right indicates radon 'hot spots' in the Cypress Health Region.



Source: Radon Home Heath Study, 2016, Cypress Health Region

Survey participants were given follow up consultations by Public Health Inspectors on education and mitigation techniques, however it is uncertain how many of these families have the means and interest in pursuing formal mitigation. Further analysis and follow up is underway.

Healthy Communities

- A series of wellness days, conferences, and events were hosted in several of the Region's communities to help share important health information and to raise awareness of the availability of local programs and services.
    - An 'Impact Tomorrow' peer support conference was hosted in collaboration with the Chinook School Division. Over 140 students from throughout the southwest participated and learned knowledge and skills in preparation for difficult decisions they may face in their future. Of the youth in attendance, 93% indicated that the Internet Child Exploitation (ICE) Unit presentation was informative and insightful.
    - A Community Baby Shower, in partnership with Bright Beginnings Family Centre, provided families with the opportunity to visit booths setup by various organizations and health professionals to learn about the various supports and programs that are available to them.
    - Families in the Park events, in partnership with the City of Swift Current, encouraged active play for youth.
    - The Mind, Exercise, Nutrition, Do It (MEND) program began in March 2017. MEND provides a fun exercise and nutrition program to local children at no cost. MEND is a family-based early intervention program for children ages 7 to 13 who have a body mass index above the 85th percentile.
    - The Region and partners of the Regional Intersectoral Committee launched swsaskconnect.ca, a website built to provide information on a wide range of topics and challenges that affect communities.
    - Several campaigns were deployed throughout the year that focused on improving the overall health and awareness of the public on health concerns including yellow fever, mumps, hand/foot/mouth disease, immunization safety, water safety, west nile virus, lyme disease, hantavirus, and others.
- The Region's Dental Public Health program provided nearly 800 fluoride varnish treatments and had 424 students at 23 schools participate in the fluoride mouthrinse program representing a 95% participation rate. A total of 124 dental sealants were also provided to 49 children at seven Hutterite colony schools; the dental sealant program was not offered to all eligible schools due to a staff vacancy.
- Public Health Nursing (PHN) staff participated in various school presentations, courses, and seminars throughout the year. These included a variety of topics such as handwashing, puberty, healthy decision making in relationships, farm safety, car seat checks, birth control, prenatal classes, seizure first aid, community outbreaks of vaccine preventable diseases, and others. The team is also working alongside other departments to explore needed harm reduction projects such as needle exchange and condom distribution programming.

Various strategies have been implemented to increase immunization coverage rates. The distribution of pneumococcal vaccine at many of the Region's influenza immunization clinic was a success while staff turnover has been a noted challenge. One of the PHN team members received their International Board Certified Lactation Consultant to strength the support offered to breastfeeding mothers in the Region.

- Public Health Inspection (PHI) achieved 100% completion rates on mandatory category 1 inspections while also achieving 100% completion of non-mandatory category 2 and 3 inspections for all listed facilities. In total 1,414 inspections were completed with 37 rating high hazard, 846 infractions noted, 1,873 calls placed to the on-call Inspector, and 410 participants completing the FoodSafe Course.
    - Various projects and improvements were also completed throughout the year as part of individual growth strategies. These included a health and toxicity study, a new process for sewage permit applications using a hedgehog database, reducing cost inefficiencies for FoodSafe Course registrations, and a struggling facilities project to help those whom are receiving consistently poor inspection results. Public Health Inspectors also took part in the Provincial Beach Sampling Project and the Tobacco Retail Sales Compliance Program.

Infection Prevention and Control

The Region hired a new Infection Control Practitioner (ICP) midway through the fiscal year and work was completed to update regional infection control policies and hand hygiene education programs for staff. The ICP was involved in handling four facility outbreaks for enteric and respiratory illnesses and participated in a provincial working group on recommendations for hand hygiene.

An increased rate of clostridium difficile (C. diff) has been noted in the Cypress Health Region. The Region will continue to monitor this increase in C. diff cases, which may be attributable to physicians testing for the illness more frequently.

Hand hygiene is a critical element of improving infection prevention and control. The Region's ICP monitors and evaluates hand hygiene compliance for staff. Compliance rates for the year ranged between 94% and 99%. This data indicates very high compliance levels, however may be positively skewed due to compliance audit processes being improperly followed. The auditing process is being reviewed by the ICP to find better ways of collecting more accurate audit data.

Strategy: Better Care

SYSTEM OUTCOME:

Emergency Department Waits and Patient Flow: Existing efforts to reduce emergency department waits across the health system will continue in 2016-17. Reducing emergency department waits and improving patient flow remains a key priority.

SYSTEM IMPROVEMENT TARGET:

By March 31, 2019, there will be a 60% reduction in emergency department wait times.

By March 31, 2017, 100% of all Medical / Surgical and Critical Care Units will have implemented interdisciplinary physician attended bedside rounds in provincial and regional hospitals.

By March 31, 2017, Alternate Level of Care data will be captured in 100% of hospital adult units across Saskatchewan.

SYSTEM PLAN:

By March 31, 2017, 90% of patients waiting for an inpatient bed (from the time a decision is made to admit, to actual admission) will wait <= 14.8 hours.

Cypress Health Projects/Results

Women's and Children's Health Services Unit Improvement Project

Managing Obstetrical Risk Efficiently (moreOB™)

The Managing Obstetrical Risk Efficiently (moreOB™) is a continuous patient safety improvement program led by a multidisciplinary team comprised of nursing staff, physicians, specialists, midwives, and other staff at the Cypress Regional Hospital in Swift Current. The three year program uses a collaborative approach that's intended to decrease adverse events and clinical errors by ensuring that all team members are involved in safety efforts and improvement initiatives.

On April 22, 2016, the team accepted a recognition award for outstanding performance in the application of knowledge, commitment, and teamwork through their involvement in the moreOB™ program. The team achieved over 80% compliance in each area of the first module of the program.

The team has incorporated many improvements through module one of the moreOB™ program including skin to skin care between parents and their newborn, Vitamin K administration for infants, management of women in labour, and the timing and use of epidurals.

The Women's and Children's Health Services Unit accepts a recognition award for outstanding performance in the moreOB™ improvement program.

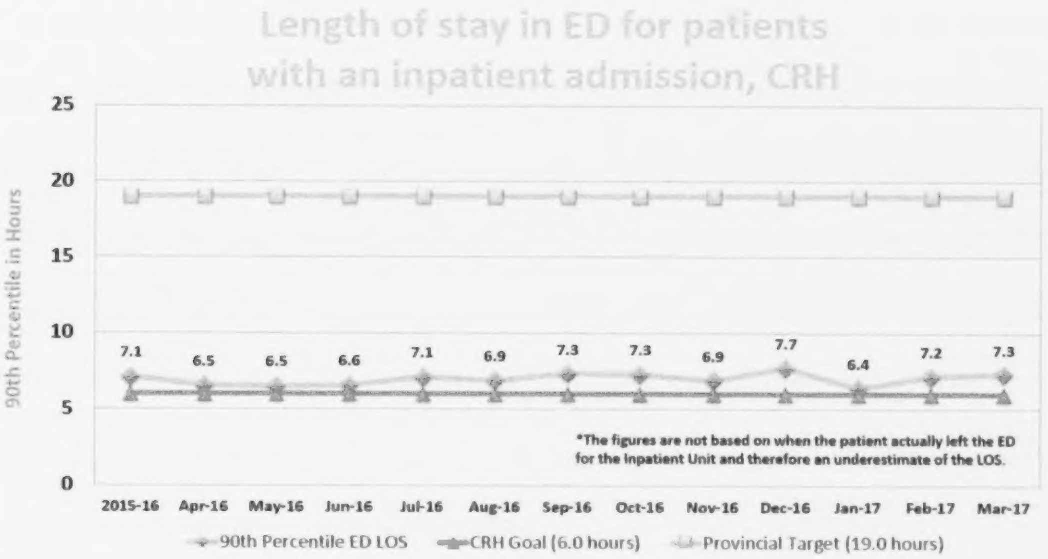
Emergency Department Wait Times

Length of Stay

Patients requiring admission

The provincial length of stay target for emergency department patients being admitted into the Cypress Regional Hospital was less than 19 hours. The Region implemented its own aggressive goal of completing this process in 6.0 hours or less. While the goal of less than 6.0 hours was not met in any month, the length of stay was very stable and ranged between 6.4 hours and 7.7 hours, well below the provincial goal of 19.

The work completed to try to achieve the 6.0 hours or less target included having the emergency department's registered nurse bring patients to the med/surg unit if the med/surg registered nurse was not available to go pick up the patient. The team also arranged with housekeeping that if a patient was discharged on the med/surg units, rather than waiting until housekeeping was able to get to the room to clean as part of the normal rotation, the emergency room staff could call directly to have the available room cleaned as soon as possible to support patient transfers in a more timely fashion.

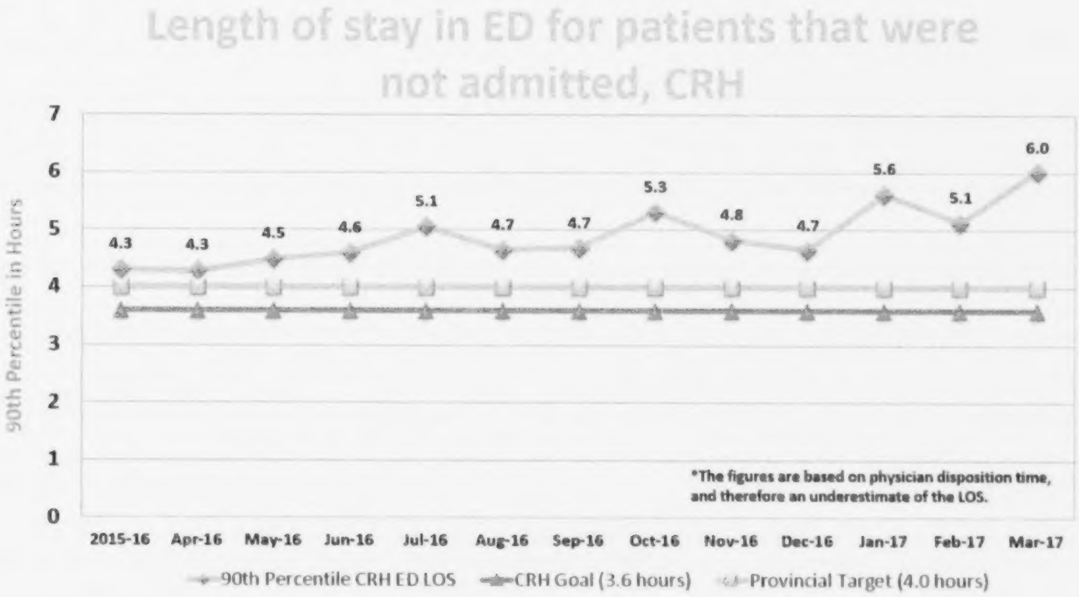


*The figures are not based on when the patient actually left the ED for the Inpatient Unit and therefore an underestimate of the LOS.

Source: Cypress Health Region, Health Information Department

Patients not requiring admission

The length of stay in the emergency department for patients who did not require admission had a provincial goal of less than 4 hours. The Region set its own aggressive goal of 3.6 hours, however was not able to meet or exceed either the provincial or regional goals. The length of stay, in hours, for emergency department patients that did not require admission to the Cypress Regional Hospital ranged between 4.3 hours and 6.0 hours and increased throughout the fiscal year.



*The figures are based on physician disposition time, and therefore an underestimate of the LOS.

Source: Cypress Health Region, Health Information Department

Patients who visit the emergency department at a less urgent Level 4 or 5 on the Canadian Triage and Acuity Scale (read more about CTAS on page 32 of this Report) may have longer wait times than those who are in the department with more urgent Level 1, 2, or 3 needs. The Region's goal is to make every effort possible to move the Level 4 and 5 patients through the department as quickly as possible to avoid bottlenecking patients and causing congestion within the emergency department. Patients may also require multiple therapies or diagnostics which increases the overall length of stay required.

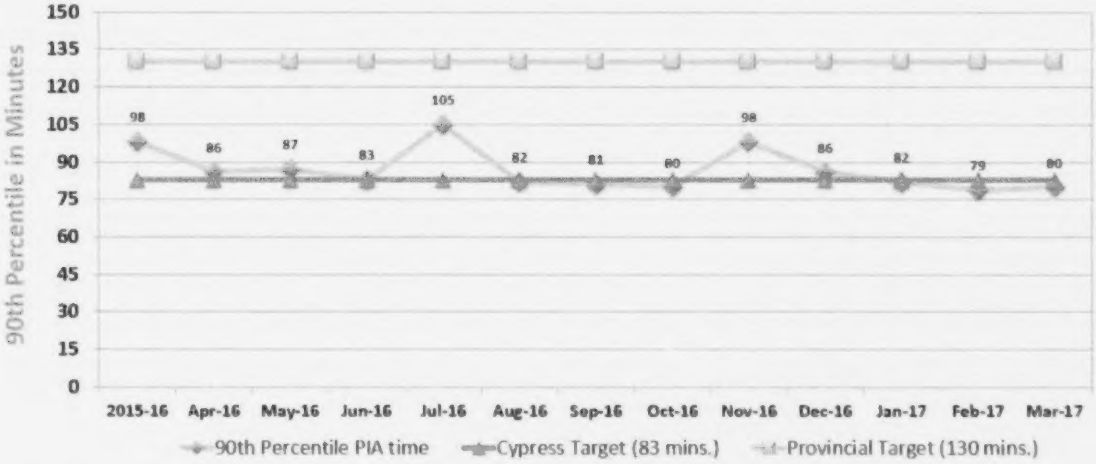
Changes were made to the number of rooms within the emergency department of the Cypress Regional Hospital, at the request of physicians. It was believed that more rooms would improve workflow patterns, however with one physician working in the department at any given time the addition of these rooms did not mark a significant change to length of stay times.

Patient Triage – Canadian Triage and Acuity Scale

Triage is used to sort and prioritize patients presenting to an emergency department based on the severity of their needs.

The Canadian Triage and Acuity Scale (CTAS) indicates the following timelines for each level of patient need:

- Level 1 – Resuscitation. Time to physician is immediate.
- Level 2 – Emergent. Time to physician assessment/intervention is 15 minutes or less.
- Level 3 – Urgent. Time to physician assessment/intervention is 30 minutes or less.
- Level 4 – Less urgent. Time to physician assessment/intervention is 1 hour or less.
- Level 5 – Non urgent. Time to physician assessment/intervention is 2 hours or less.



90th Percentile of emergency department visits where patient was seen by physician within recommended CTAS guidelines, Cypress Regional Hospital

Source: Cypress Health Region, Health Information Department

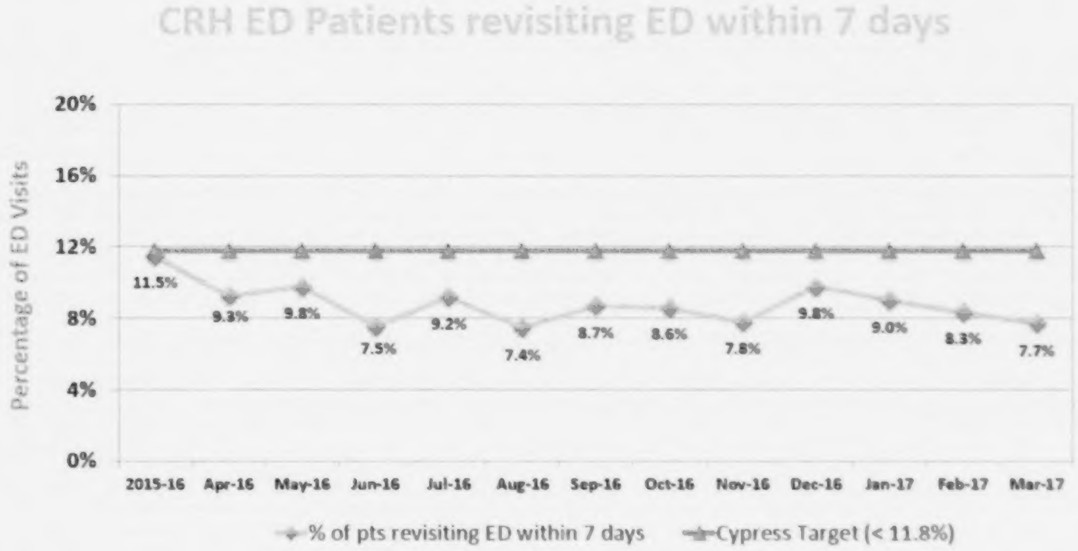
The Region was below the provincial target of 130 minutes for a patient to have a physician initial assessment (PIA) within CTAS guidelines in the emergency department at the Cypress Regional Hospital in each of the 12 months within the fiscal year. It also met or exceeded its own more aggressive goal of 83 minutes in seven of the 12 months.

The Region is monitoring and reporting on individual physician times to assessment, broken down by CTAS score. This individual accountability has helped achieve the target.

Improvements to the percentages of times where patients were seen within CTAS guidelines was experienced. This improvement work included working collaboratively with Emergency Department physicians and staff to understand barriers and challenges, sharing timing metrics on an individual provider level, monitoring heavy users of emergency room services, and others. The Region will continue to monitor, assess, and work to increase the percentages of times that patients are assessed within CTAS recommended guidelines.

Emergency Department Revisit Rates

The Region closely monitors the percentages of patients revisiting an emergency department within seven days of an initial visit. The Region's goal of 11.8% or less patients revisiting the emergency department at the Cypress Regional Hospital within seven days was exceeded in each of the 12 months within the fiscal year and was as low as 7.4% in August 2016.



Source: Cypress Health Region, Health Information Department

Emergency department physicians have access to a social worker on weekdays to help direct care of patients presenting in the emergency department who do not require acute care admission or services. This allows the Region to provide the right care, such as counselling or addiction services, at the right time to those patients as opposed to admitting them to acute care which has previously been the practice. Physicians also have access to a mental health social worker on weekdays, which has helped to avoid unnecessary admissions to the inpatient mental health unit with the Cypress Regional Hospital.

Bedside Reporting

Bedside reporting of patients occurs with nursing staff every 12 hours with physicians attending when possible. On Tuesdays and Thursdays of each week an interdisciplinary team meets and, using a team approach, see patients as necessary. In the Intensive Care Unit at the Cypress Regional Hospital, Internists complete weekly multidisciplinary rounds. Regular physician reporting at the bedside is not currently occurring at scheduled times. Physicians see their patients at varied times throughout the day during their own rounding schedule. With as many as 15 physicians seeing their patients on any given day, it's a noted challenge to coordinate schedules around a particular bedside reporting time.

Sunrise Clinical Manager

Sunrise Clinical Manager (SCM) is an electronic information system that is being implemented in various hospitals throughout the province. The Cypress Regional Hospital will begin implementing SCM into its emergency department in the first quarter of the 2017/18 fiscal year.

Once implemented, clinicians will be able to document their observations, notes, and orders electronically in SCM. They will also be able to view patient information and diagnostic imaging/lab results. Patient location and status will be tracked through SCM throughout an emergency department visit, helping improve communication between clinicians.

Alternate Levels of Care

At times, patients can be classified as needing alternate levels of care (ALC). An ALC patient is one who does not require acute care services but is awaiting an alternate service. Alternate services can include long term care assessment, approval and waiting for admission to a facility/community service, or accessing services within one's home or from a community service. ALC patients may need assistance in areas of medical management, social issues, housing, bariatric services, etc.

The Region has been working towards the three objectives of ALC: to create a common understanding throughout the province of the new provincial definition of ALC, to provide tools to capture data and information about this population, and to facilitate the delivery of better health care and inform future investments and resources to reduce emergency department waits and improve patient flow. An ALC checklist is used to assess patient need and data is collected through various forms. The checklist, completed by providers, includes pertinent information to one's care needs including medication management, social/housing issues, need for assistance (mobility concerns, cognitive impairment, etc.).

Progressing Towards Better Care

- The midwifery program has continued to expand its services since inception. Clients include families from rural communities and the City of Swift Current. The overall client satisfaction level is 98%. The program uses an interdisciplinary collaboration model of care including family physicians, nurse practitioners, public health nurses, and others. In the 2016/17 fiscal year a total of 58 deliveries were performed, eight of which resulted in Caesarian section.
- Rollout of SMART pump technology throughout the Region took place in October 2016. Safer Medication Administration through Technology (SMART) pumps provide a safer process for delivering medications, fluids, and nutrients at precisely controlled rates through intravenous pump. The pumps feature error reduction software to assist healthcare providers in programming and calculating dose and deliver rates. Locations that received new SMART pumps included Cabri, Climax, Eastend, Gull Lake, Herbert, Leader, Mankota, Maple Creek, Ponteix, Shaunavon, and Swift Current.

Strategy: Better Value

SYSTEM OUTCOME:

Ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

SYSTEM IMPROVEMENT TARGET:

2016-17 Regional Health Authorities, Athabasca Health Authority and Saskatchewan Cancer Agency financial status, as measured by surplus / deficit.

Cypress Health Projects/Results

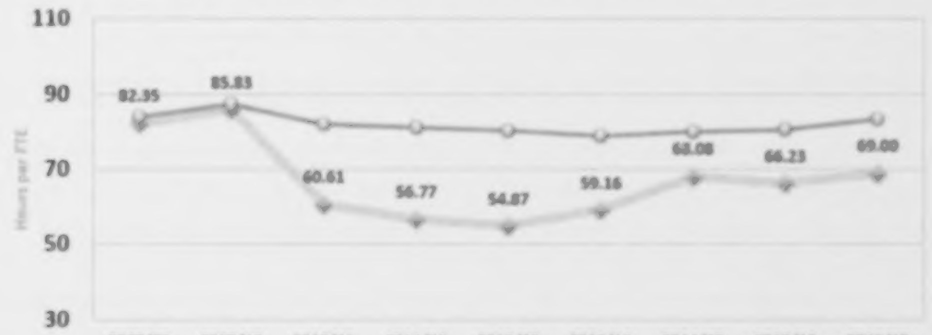
Sick Time and Overtime

Hours of Sick Time per Full Time Equivalent

The Region's sick hours per FTE rate of 69.00 was the lowest of any regional health authority in the province despite a slight increase from the 2015/16 total of 66.23. Provincially the sick hours per FTE usage rose from 80.82 in 2015/16 to 83.52 in 2016/17. The Cypress Health Region was more than 14.5 hours less than the provincial average.

To limit the use of sick time the Region continued using its attendance support program alongside providing education to managers on work standards. A listing of identified modified duties for every classification in every department for each of the Region's facilities is used as needed. As well, the Region provides education to physicians and continues to build on its strong working relationships with the medical community.

Sick leave hours per FTE, Cypress and Saskatchewan



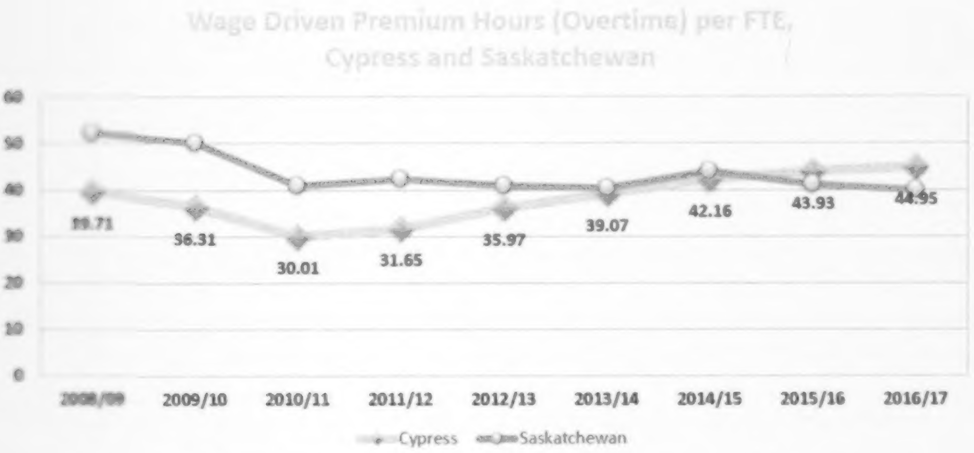
Source: Saskatchewan Ministry of Health, Dashboard Measures, 2016-17

Hours of Wage-Driven Premiums per Full Time Equivalent

Cypress Health ended the year with a rate of 44.95 hours per FTE, a slight increase compared to the 43.93 hours per FTE average in 2015/16. The Region's use of wage driven premium hours is above the provincial average of 39.86.

A challenge identified in reducing wage-driven premium hours is the ongoing sustainability of existing rural emergency and outpatient services. An offsetting factor of maintaining the service on an ongoing basis is the necessity to utilize wage-driven premiums to consistently staff the service. Staffing shortages require overtime premiums to be paid in order to keep facilities open.

Contract positions were used by the Region throughout the year when needed to fill identified gaps in staff coverage and to ensure facilities/services can continue to operate when staffing shortages exist. Contracted positions included registered nurses, sonographers, and combined lab/x-ray technicians.



Source: Saskatchewan Ministry of Health, Dashboard Measures, 2016-17

Technology

Smart Call

The Region's scheduling department completed its rollout of Smart Call, a new automated scheduling system designed to automate processes that were previously completed manually. The Smart Call rollout spanned several months with staff training occurring in all sites. With rollout completed, Smart Call allows employees to receive shift notifications in the format they prefer, such as text, email, or phone. It also provides employees with an opportunity to apply for shifts online and view their department and their own schedules from any location.

Telehealth

The use of Telehealth continues to grow in the Region. More than 1,100 clinical sessions were accessed during the fiscal year. When compared to the 582 clinical sessions hosted in 2014/15, clinical Telehealth use in the Cypress Health Region has nearly doubled in just two years.

The Region's goal is to have 60 clinical sessions per month using Telehealth technology. This goal was exceeded in each of the 12 months of the year and peaked in March 2017 with 103. The busiest locations were in Swift Current, Shaunavon, Maple Creek, and Ponteix and the most common appointment was for oncology.

In the 2016/17 fiscal year the Region upgraded all of its Telehealth connection points with new equipment and added an additional clinical site at the Cypress Regional Hospital to accommodate the increasing volumes of patients each year.

In addition to clinical services, Telehealth is used for education sessions with rural students enrolled in the continuing care assistant program with the Great Plains College, regional professional development, and administration Webex sessions.

Telehealth is in a prime position to continue its growth trend. More physicians and specialists in the Region are becoming involved in Telehealth each year and the ability to 'see' a physician in a larger urban centre, such as Regina or Saskatoon, without having to leave a home community is recognized as a significant patient first improvement.

Lee/Irwin Simulation Centre and Cenovus Energy Inc. Control Lab

A complete simulation lab is a significant tool to improve medical accuracy. The Cypress Regional Hospital's Lee/Irwin Simulation Centre allows for training and education to be offered to health professionals through the use of advanced training equipment. The sim lab includes four mannequins: adult, infant, child, and a birthing patient, and also features a separate observation area/control lab.

This year the sim lab was used by students of the Saskatchewan Collaborative Bachelor of Science in Nursing program, physicians and medical residents, and other staff training and education needs including catheterization and IV pump training. The SEED program (Student Experiential Education Day), with 244 participants, also received exposure to the sim lab as part of their Health Science 20 high school curriculum.

Capital Projects

The Meadows

One of the major focal points of the 2016-17 fiscal year was the completion of The Meadows, a new 225-bed long term care facility in Swift Current. The facility uses a home-like model of care and was built as 22 'houses' split into three 'neighborhoods'.

The Meadows move-in and transition made up the Region's 90 day projects for both quarters one and two. The facility is the first in Saskatchewan to be built with a P3 (public-private partnership) procurement model and was constructed on a 15 acre parcel of land connected via linkage to the Cypress Regional Hospital.

On April 13, 2016 a motion at the Cypress RHA meeting was made to call the facility The Meadows. The Meadows was selected from a proposed list of names because of its reflection of tranquility and peace, as well as its fit with the geographical setting where the facility sits. The name is void of reference to a particular community to adequately represent its status as a regional facility.

A special handover of keys, from builders to the Health Region, event was held on May 2, 2016. A construction completion celebration event was also held on June 3, 2016, allowing for the formal transition from construction to move-in to begin.

> *"Long-term care residents in Swift Current and area, present and future, now have an outstanding new facility to call home. The Meadows, together with the excellent team of professionals that will work here, will ensure we are offering the best long term care possible."*
>
> ***Premier Brad Wall***

SaskBuilds Minister Gordon Wyant brings greetings to a large audience at the completion celebration event for The Meadows on June 3, 2016. The facility welcomed its first residents home on June 5.

Public tours of the new facility were conducted. Stakeholders including residents, family members, funding partners, major donors, and others were provided with advanced tours on May 31, 2016. Public tours were completed from June 1-3 and additional dates were offered from June 21-23 due to excessive demand. In total approximately 1,200 members of the public were provided with tours at The Meadows. Staff also received on-site orientation tours and training prior to commencing work in the facility.

The move-in and transition plans were broken down into three phases to ensure that all residents could comfortably move into their new homes. The first phase saw all 40 residents of the Prairie Pioneers Lodge, along with 10 additional residents from both the Swift Current Care Centre (SCCC) and Palliser Regional Care Centre (PRCC), move into The Meadows on Sunday, June 5. The remaining residents of the SCCC moved in on August 7 and remaining PRCC residents completed the final phase of the move on September 18. Sundays were carefully selected as the most appropriate dates so that, where possible, family members could be present to assist their loved ones. Many staff, volunteers, Patient and Family Centred Care representatives, and others were on hand for each move-in date to ensure the smoothest transition possible.

The Meadows has been recognized for its innovation and excellence. To date it has received the *Canadian Council for Public-Private Partnerships (CCPPP) National Award for Innovation and Excellence in P3s* and the *Premier's Award for Excellence in the Public Service.*

A grand opening and ribbon cutting event was hosted on November 18, 2016 with several hundred guests in attendance.

A series of improvement projects began at The Meadows in the final few months of the fiscal year. The work will ensure that an ideal, home-like model of care will be fully integrated. A total of eight improvement projects are being undertaken in the areas of medications, purposeful rounding, activities, care plan/point click care, communication, staff alignment, resident meal choice, and listening circles. This work will be ongoing in the next fiscal year and, where possible, will be replicated in other facilities.

Leader Capital Project

An expansion/renovation project at the Western Senior Citizens Home in Leader, SK continued to move forward. Planning and design on the project has included staff, patients and residents, family members, community stakeholders, architects, and others. When completed the project will result in all of the community's health services being integrated under one roof. This will include the consolidation of the Leader Hospital, the Leader Primary Health Care site, and the Leader ambulance garage into the Western Senior Citizens Home.

Tender documents were re-issued in July and the tender was extended an additional 45 days prior to being awarded to Wright Construction Western on November 3. Construction of the project began on February 17, 2017 and is anticipated to be completed in summer 2018. A sod turning ceremony was held on December 16, 2016 where it was also announced that the Cypress RHA had approved additional upgrades and improvements to the existing side of the facility. These improvements will enhance the aesthetics of the facility while offering improved staff and patient safety including adding kitchenettes to the existing long term care wings, adding ceiling track lifts in each resident room, new hand rails and flooring, new boilers, water heaters, and lighting, and renovations to the nursing station area.

For more information and updated details on each capital project please visit: https://cypresshealth.ca/health-facilities/buildingcapital-projects/. A construction camera has also been installed and can be viewed on this webpage 24 hours per day.

On December 16, 2016, dignitaries were on-site of the Leader Capital Project and participated in a sod-turning ceremony to officially kick-off construction of the expansion project at the Western Senior Citizens Home in Leader, SK

Capital Equipment

The Cypress Regional Health Authority approved the purchase of $2.6 million in capital equipment in the fiscal year. The equipment was funded by the Ministry of Health, The Dr. Noble Regional Healthcare Foundation, and using the Region's unrestricted surplus.

The investments in equipment addressed identified critical and aged equipment replacement. Some highlights of the purchases included: two ambulances, 62 long term care beds, 35 acute care beds, capital equipment for The Meadows, nine defibrillators, an infant warmer, x-ray machine for Ponteix, Operating Room tables, lab analyzer, and various other equipment.

Staff Education

The Region's Education Service Bureau (ESB) continued to build upon its successful online eLearn platform that was developed in 2015/16 to respond to increased technological skillsets of the changing workforce demographics and to improve existing process gaps.

eLearn is used for mandatory on-line courses and includes a calendar/booking system for classroom type mandatory education classes. The entire class schedule for 2017 is listed on the system so staff can look ahead at classes offered, and their work schedule, to book into classes that work for them.

eLearn is a very user friendly system that allows managers to review or run their own reports for employees and departments to determine educational needs. Reports can also determine mandatory education requirements for individual employees.

In the final quarter of the fiscal year the Region monitored the number of staff who never logged into eLearn. It was determined that less than 50 of the approximate 1,750 staff have never logged on, meaning eLearn is used by more than 97% of all Cypress Health Region employees.

The eLearn system was enhanced in 2016/17:

- Direct links from eLearn were added to payroll so that payroll is notified when staff have attended an education session and can be paid appropriately. Previously this was done by submitting paper attendance forms.
- Email reminders to staff 48 hours prior to a course.
- Ability to put pop-up reminders/information on the eLearn system to alert staff about various training items/requirements.
- Enhanced reporting capability and ability to provide managers with reporting on employee mandatory education completion rates and requirements.

Staff completion of mandatory education continues to improve. Completion rates in the previous fiscal year were as low as 60% but jumped to as high as 85% in the 2016/17 fiscal year. This can be attributed, in part, to the availability of simpler reporting and tracking of mandatory education through eLearn.

Post-Secondary Education Institution Partnerships

Training the next generation of healthcare professionals has been identified as crucial work. To help achieve this the Region has built strong, developing partnerships with post-secondary institutions within the southwest and entire province.

The University of Regina, with its Saskatchewan Collaborative Bachelor of Science in Nursing program, allows students to complete all of their clinical placements in Cypress Health Region facilities through a full four year program. The first class of registered nursing students will graduate this year and all five students enrolled in the program have been hired into positions in the Region.

The Great Plains College and Saskatchewan Polytechnic offer licensed practical nursing and continuing care assistant programs as full time, part time, or distance learning. Students from these programs also do their clinical placements in Region-operated facilities within Swift Current. There have been numerous offerings of these programs with between 15 and 20 students in each cohort including some students in rural communities taking the education through Telehealth, eliminating the need to travel on a regular basis.

These partnerships provide the necessary education for tomorrow's generation of healthcare employees and also allow students to receive their clinical/practicum experience in facilities which they are likely to receive an opportunity to work in upon graduation. This reduces training and orientation time and cost, providing benefit to both the Region and student.

In total, close to 140 students were placed in multiple facilities and areas of work for work experience or final preceptorships. These areas include quality, health information, pharmacy, therapy, mental health, nutrition services, diagnostics, dietitians, health educators, and nurse practitioners. Medical students, including those in first year, second year (Physician Recruitment Agency of Saskatchewan's Rural Externship Program), and third/fourth year JURSI (Junior Undergraduate Rotating Student Interns) studies have been placed in the Cypress Health Region. Several other groups of students are also introduced to the Cypress Health Region through instructor led programs from various educational institutions.

Lean Training (Quality Improvement)

The Region has numerous staff who have graduated from the Lean Leader certification program and the Lean Improvement Leader Training (LILT).

Lean Leader graduates are individuals in the organization who provide leadership and apply basic tools of Lean to improve the health care system in Saskatchewan. All of the Region's staff who expressed interest and enrolled in the Lean Leader certification program have received their certificates. In total there are 22 certified Lean Leader staff in the Cypress Health Region.

LILT is a separate program from the Lean Leader certification and is designed to develop improvement leaders who manage and direct care, services, and processes, and to help them learn to use Lean tools and philosophies in their areas. The program covers core concepts of the Saskatchewan Health Care Lean Management System that the learner can apply to both daily quality continuous management and improvement, and their roles as process owners, content experts, and sponsors in improvement events and workshops.

In the Cypress Health Region, three waves of staff have participated and/or graduated from the LILT training opportunity. Of these, four graduated with LILT certification in wave one with an additional ten staff graduating in wave two. Seven other staff members are currently enrolled and nearing completing on their certification as part of wave three.

An entry level training session for Continuous Improvement principles was offered throughout the year to all levels of staff. A total of 17 classes were held throughout the Region with 270 staff trained between April 1, 2016 and March 31, 2017. Provincially more than 30,600 staff have been trained.

Linen

To reduce costs, changes were implemented to how linen was received at The Meadows. The Region planned changes to receive bulk linen from the provincial linen provider as compared to receiving pre-built linen carts. When implemented in April 2017, porter staff at The Meadows will make up the linen carts that are to be delivered to the facility's 22 houses. Preparatory work was completed in the final quarter of the 2016/17 fiscal year by establishing a linen room within the facility and by changing staff work standards. The Region anticipates realizing savings in the 2017/18 fiscal year as a result of the changes to the way linen is received.

Food and Nutrition Services

The Cypress Regional Hospital's cafeteria extended its hours to make it more convenient for families visiting their loved ones to get something to eat. The cafeteria's extended hours are Monday to Saturday from 7:45am to 6:00pm and Sunday 9:00am to 4:00pm. A new and improved menu was also implemented into the cafeteria.

As a result of the number of newly hired continuing care assistants in the Region, and the new home-like model of long term care, dietitian and speech language pathology staff created a nutrition and dysphagia training session that was delivered to staff using face to face and online delivery methods. These training sessions covered key information on dysphagia diets, texture modified diets, and texture modified liquids. Information on nutrition supplements and malnutrition were also presented and discussed.

The Cypress Regional Hospital's Nutrition Services department implemented a mobile snack cart that nutrition staff take to wards between a meal to offer snacks to inpatients on a daily basis. Offering snacks to patients can help improve nutrition status, allow patients the ability to choose their snack, and increase purposeful interaction with patients.

A new menu was developed at The Meadows with input from residents, families, food service supervisors, dietitians, and care staff involved in preparing and serving meals. The likes and dislikes of residents were surveyed and taken into account when developing the menu. The menu runs on a five week cycle with a good variety of scratch cooked meals.

Strategy: Better Teams

SYSTEM OUTCOME:

To achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

SYSTEM IMPROVEMENT TARGET:

By March 31, 2017, all health regions and the Cancer Agency will achieve a 100% score on their SA / STL Implementation Assessment.

By March 31, 2017, all health regions and the Cancer Agency will have implemented the SMS.

By March 31, 2017, ≥ 95% of care transitions where clients are at risk of medication errors will have MedRec performed.

Cypress Health Projects/Results

Safety

Safety Management System

The Cypress Health Region and Saskatchewan Association for Safe Workplaces in Health has taken a unique approach to its implementation of a Safety Management System (SMS). The approach incorporates both staff and patient safety into the SMS with the end goal that doing so will lead to a culture of safety for all individuals, not staff alone.

Taking such a unique, meaningful approach to the implementation of a SMS has resulted in not being able to meet the March 31, 2017 deadline of having a completed SMS rolled out. A SMS that incorporates staff, patients, and other users of the health system such as volunteers and contractors, does not exist within the health system and is being created from the ground up. This results in a large amount of work that includes testing and auditing. In lieu of not being able to meet the deadline, the Region has utilized a staggered approach broken down into the six distinct elements outlined in its SMS.

The six elements include: management, commitment, and leadership; hazard identification and control; training and communications; inspections; incident reporting and investigations; and emergency response.

The first element, management, commitment, and leadership, was the Cypress Health Region's strategy for the third quarter of the 2016-17 fiscal year. This element resulted in the completion of a series of important documents that include safety rules; rights, responsibilities, and accountabilities of all individuals; a health and safety charter; and incorporation of the Region's safety logo that was introduced in 2015. These documents are displayed throughout the Cypress Health Region and can be viewed in Appendix D of this Report.

In the final quarter of the fiscal year work was centred on elements 2, 3, and 4. Teams were developed and focused on safe work practices and procedures, risk assessments, personal protective equipment, orientation checklists, and inspection standards and verifications.

The final elements of the Region's SMS will be achieved early in the 2017-18 fiscal year and will result in the completion of this work. Ongoing audits and improvements will continue thereafter.

> *"Safety is the top value of our Region and redesigning our Safety Management System is an important step towards the achievement of a culture of safety that protects not only our staff, but also considers every user who interacts with the health system. The foundations of this new system encourage individuals to identify unsafe behaviors while also making well informed safety decisions throughout the day. We know through our incident reporting processes that unfortunately injuries are happening in our facilities and one injury is too many. To adopt a true culture of safety we believe that we need to build our SMS around everyone, not just our staff. If our staff aren't safe we know that our patients won't be safe either and vice versa."*

Jeff Schwan, Director of Occupational Health

Safety Alert/Stop the Line

In March 2017 a Rapid Process Improvement Workshop (RPIW) was completed to design a Stop the Line (STL) process for the care team on Women's and Children's at the Cypress Regional Hospital. To be inclusive of all individuals, team members for the RPIW included staff, physicians, and Patient and Family Centred Care representatives.

Prior to this improvement project there was not a formal process for STL in place for the care team to use. The team created a process flow chart that is easy for the care team to use when they are in a situation where harm could occur either to themselves, a patient, resident, or client, or a fellow staff member. The team used Plan-Do-Check-Act (PDCA) documents to help drive the work and conducted numerous mock incidents to test the process flow and ensure that proper procedure would be followed.

Moving forward, the team collectively determined that Stop the Line terminology was not an adequate representation of the work completed and thus was renamed Safety Pause.

With the RPIW now completed, all staff on the Unit will be trained on the steps of a Safety Pause. Safety Pauses will eventually be rolled out Region-wide.

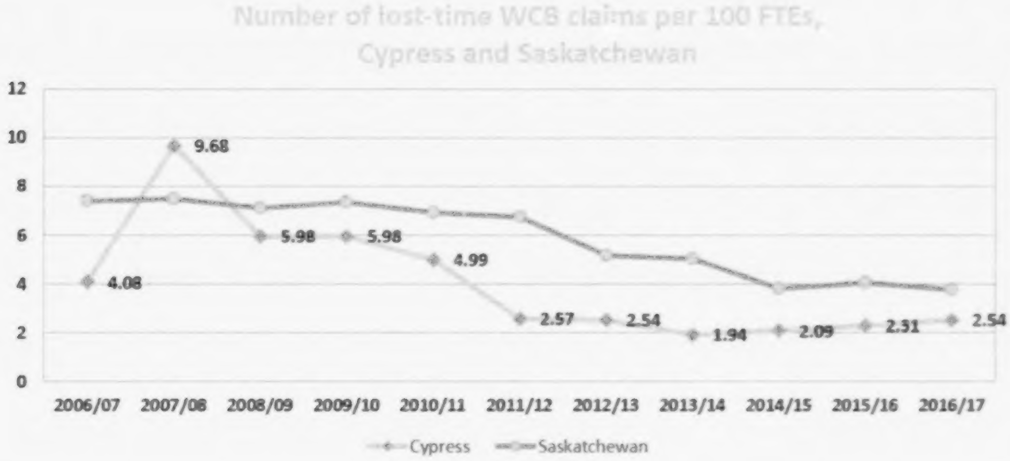
Shoulder and Back Injuries

The Region's work towards building a complete Safety Management System will help reduce all incidents of injury, including shoulder and back injuries. The SMS builds a stronger culture of safety for patients and staff.

Any shoulder and back injuries that occur in the Region are investigated by facility Occupational Health and Safety Committees to determine the root cause and to implement recommendations that ensure that such an incident does not reoccur. New facilities being built in the Region, including the Southwest Integrated Healthcare Facility in Maple Creek and Swift Current's new long term care facility, are equipped with ceiling track lifts in patient rooms, tub/spa rooms, and resident/patient washrooms. Ceiling track lifts have also been installed within patient rooms of other facilities including the Cypress Regional Hospital.

Workers Compensation Board Claims

The Cypress Health Region's number of time loss Workers Compensation Board (WCB) claims per 100 full time equivalents (FTE) was 2.54. The Region achieved the third lowest rate of 100 FTEs amongst Saskatchewan's regional health authorities and was well below the provincial average of 3.77 time loss WCB claims per 100 FTEs.



To reduce time loss due to WCB claims a focus is continually placed on prevention through ergonomic assessments, staff training including Transfer Lift Reposition (TLR), and working together with the Occupational Health & Safety department on corrective actions. The Region has also developed a strong return to work program for those accessing WCB claims.

Staff and Patient Safety

For the fifth consecutive year the Region hosted its popular Safety Expo in October 2016. The Expo draws crowds of approximately 500 people and helps draw attention to the Region's number one value: safety. The event offers something for everyone including simulation lab scenarios for staff, presentations from Work Safe SK, the STARS Air Ambulance simulation bus, education on tattoos and piercings, and others. Nearly 30 exhibitors and vendors were also on-hand with various displays and interactive activities. The Expo's 2016 theme was *Just for the Health of it* and took place during Canadian Patient Safety Week.

Medication Reconciliation

Medication reconciliation, which is the process of creating the most accurate list of possible medications that a patient is taking, has been a priority for the Region to ensure the safety of all individuals. An interdisciplinary team that consists of staff, physicians, and patient representatives focused their efforts on making sure that medication reconciliation was being completed properly on admissions. Front line staff assisted with re-writing work standards and processes and helped to streamline audits. The team has also been working with acute care, long-term care, home care, and other areas to ensure work standards and processes are applied in their areas. Each step in the medication reconciliation process has been linked to the Accreditation Canada Required Organizational Practices (ROPs) to confirm that the Region is meeting compliance.

Staff

Appreciation Events

An annual Years of Service Gala is held to celebrate and thank staff members who have reached milestones for continuous years of service. At the November 2016 event a total of 75 staff, who have achieved 15 years of service or greater, attended the Gala. Honoured guests included 29 for the 15 year milestone, 12 for the 20 year milestone, 14 for the 25 year milestone, 10 for the 30 year milestone, seven for the 35 year milestone, and three for the 40 year milestone. In 2016 the Region recognized a total of 339 staff members who reached a service plateau ranging from five to 40 years. This totals approximately 4,125 years of health care experience.

2016 Years of Service Gala, recognizing staff with 15 years of service or greater who reached a five year service plateau.

A physician appreciation night was hosted in Swift Current on May 26, 2016 to formally thank the complement of physicians working within the Cypress Health Region. The event included recognition for long-serving physicians and participants in the Family Medicine Residency program.

Volunteer appreciation teas were held in many communities during National Volunteer Appreciation Week in April. Volunteers play an integral role to the success of several programs and services and the teas are open to all registered volunteers in the Cypress Health Region. In the fiscal year approximately 16,000 hours of time was provided by the Region's 1,500 registered volunteers.

Volunteer teas are held throughout the month of April during National Volunteer Appreciation Week.

Physician Stabilization

The Region benefitted from strong physician stabilization during the 2016/17 fiscal year, particularly amongst rural locations. There were zero physician vacancies amongst rural health facilities in the Cypress Health Region. Work will continue on physician retention to maintain this strong stability.

Staff Orientation

All new employees of the Region are enrolled in general orientation. General orientation ensures all staff are ready to begin their employment by receiving appropriate and necessary training that's relevant to their position. General orientation includes policy reviews, infection control training, FIT testing (respirator mask sizing), emergency plans, equipment lockout, Transfer/Lift/Repositioning training, immunizations, and others. Classification-specific training is also provided during general orientation. A total of 20 general orientation sessions were hosted during the 2016/17 fiscal year.

MANAGEMENT REPORT

Date: June 1, 2017

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the Annual Report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the Annual Report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Larry Allsen
Interim CEO, CFO & VP Corporate Services

FINANCIAL OVERVIEW

The Cypress Health Region ended the year with an operating surplus. However an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

1. **Operating Working Capital** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
2. **Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance report* in the audited financial statements; and
3. **Future Required Investments** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
    a. Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
    b. Ensure quality improvements are implemented and funded.
    c. Ensure updated legislative requirements are implemented [e.g. Health Information Protection Act (HIPA), Occupational Health & Safety (OH&S), Labour Standards, etc.].
    d. Fund critically required capital infrastructure projects.
    e. Fund required replacements and investments of capital equipment.
    f. Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund
= $ 24,959,320 - $15,259,148
= $ 9,700,172

According to this financial indicator, the Cypress Health Region has improved its financial position since inception in 2003. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a positive 24.81 days of working capital in the operating fund.

In order to maintain this working capital the Region needs to continue generating operating surpluses (excess of revenues over expenses) to address needed investments in the third financial indicator listed above.

Excess of Revenues over Expenses in the Operating Fund (Surplus)

= "Total Revenues" less "Total Expenses" in the Operating Fund
= $ 147,019,447 - $141,340,724
= $ 5,678,723

Of note in the surplus is provincial funding for the interest portion of the P3 agreement in the amount of $3,859,600. This would leave the operating surplus at $1,819,123.

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe, and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have been achieved in the past five years, the Region has to determine its most critical areas for investment. It has been determined that the surpluses generated are most needed for investment in capital infrastructure projects and critical equipment needs. Capital infrastructure continues to be a high priority for the Region with the integration of the facilities in Leader. In fiscal 2016 the Region invested $2.427 million of the unrestricted surplus in critical equipment needs and equipment for The Meadows.

Expenditures

The expenditures of the Region were $1,443,017 under budget. Some of the major expense variances are:

- The Region experienced a large amount of staff shortages resulting in unexpended salary and benefits in the amount of $3.3 million. Changes to accruals for vacation, earned time, and stat off resulted in a positive change to salaries in the amount of $770,000.
- Medical remuneration was over budget $252,000 for unfunded locum physicians at the Cypress Regional Hospital in the area of outsourced radiology and internal medicine and several physician vacancies.
- In order to keep services in some of its rural sites and the Cypress Regional Hospital's intensive care unit and Medical/Surgical wards, the Region had to use contract nursing, CLXT, and ultrasound which was not budgeted for and this was an added cost of $760,000.
- Information Technology contracts were over budget $137,000 due to an increase in payroll and scheduling fees and licensing for the smart-pump program.
- Unbudgeted small equipment purchases were $90,000. This is the replacement of equipment that does not meet our capital threshold of $3,000.
- Extra equipment and buildings repairs and maintenance costs amounted to unbudgeted amounts of $576,000.
- Utility costs rose with the running of two new facilities in the Region, The Meadows in Swift Current and the Southwest Integrated Healthcare Facility in Maple Creek. The increase to electricity cost was $285,000 which was offset by lower natural gas cost savings $157,000.
- Drug costs increased from unbudgeted home care costs and increase usage at the Cypress Regional Hospital - $209,000.
- Medical and Surgical supplies were over budget $340,000 with most of the costs coming from the Cypress Regional Hospital.
- Reduction in Board expenses resulted in a savings of $20,000.
- Contracted out services and IT contracts were under budget by $140,000.

For further information see *Schedule 1* of the audited financial statements.

Revenues

The revenue of the Region was $5.523 million over budget. Some of the major revenue variances are:

- The Region received an extra $2,652,506 in additional base funding from the Ministry of Health with the majority of the funding allocated for The Meadows P3.

- Patient fees were over budget $655,000. Increased long term care and ambulance fees.
- There was an increase in the amount of out of province utilization of our services and facilities which resulted in a budgeted gain of $384,000.
- Other recoveries and miscellaneous revenue of $1,520,000 was a result of increases in rebates, non-provincial deferred revenues, and a Workers Compensation Board investment rebate.

For further information see the *Statement of Operations and Changes in Fund Balances* in the audited financial statements.

Capital

The capital expenditures of the Region were $26 million consisting of:

- $567,000 in infrastructure projects
- $148,000 in mortgage payments
- $4.43 million in equipment purchases – The Meadows equipment and critical equipment needs throughout the Region
- $740,000 on planning for The Meadows
- $5.2 million to finalize the construction at The Meadows
- $415,000 for construction in Maple Creek at the Southwest Integrated Healthcare Facility
- $1.4 million for construction in Leader.
- $3.86 million P3 interest
- $8.72 million asset amortization
- $590,000 loss on disposal of assets

The capital purchases were funded by the Ministry of Health, Dr. Noble Irwin Regional Health Care Foundation, Community Trusts, donations, and generated operating surpluses.

Special Funds

The Region administers several Community Trust funds totaling $414,000. These funds have been in place since the amalgamation of the Region in 2003 and were set up for the provisions of health care services. For more information regarding community trust funds see *Note 14* in the audited financial statements.

Debt

The Region currently has four mortgages totaling $716,000 that are guaranteed by the assets of the organization. There is an obligation to Plenary Health Swift Current Limited Partnership for the construction of the Swift Current long term care facility in the amount of $122 million. For more information see *Note 4 and 5* in the audited financial statements.

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality, and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective, and quality health care services can be delivered.
2. Ensuring currently provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the province's residents by implementing new initiatives like Patient Family Centered Care (PFCC).
6. Funding Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Implementing and sustaining occupational health and safety and patient safety systems.
8. Enhancing capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

The Cypress Health Region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

CYPRESS HEALTH REGION

Leaders in Rural Health Excellence

Financial Statements
For the Year Ending
March 31, 2017

STARK & MARSH
CHARTERED ACCOUNTANTS, LLP

INDEPENDENT AUDITOR'S REPORT

To: The Directors of Cypress Regional Health Authority

We have audited the accompanying financial statements of Cypress Regional Health Authority, which comprise the statement of financial position as at March 31, 2017, and the statement of operations, statement of re-measurement gains and losses and statement of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Public Sector Accounting Standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Cypress Regional Health Authority as at March 31, 2017, and its financial performance for the year then ended in accordance with Public Sector Accounting Standards for government not-for-profit organizations.

Stark & Marsh
CPA LLP
Chartered Professional Accountants
Licensed Professional Accountants

Swift Current, SK
May 31, 2017

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position

as to March 31, 2017

Statement 1

		Restricted Funds			
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2017	Total March 31, 2016 (Note 10 & 18)
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$ 22,565,825	$ 2,118,856	$ 414,528	$ 25,099,209	$ 26,401,227
Accounts receivable					
Ministry of Health - general revenue fund	382,175	991,465	-	1,373,640	962,823
Other	1,147,088	955,508	-	2,102,596	2,923,356
Inventory	701,774	-	-	701,774	660,129
Prepaid expenses	162,458	-	-	162,458	179,636
	24,959,320	4,065,829	414,528	29,439,677	31,127,171
Long Term Assets					
Accounts receivable					
Ministry of Health - general revenue fund	-	106,273,273	-	106,273,273	104,086,472
Other	-	15,098,843	-	15,098,843	15,151,500
Investments (Note 2,Schedule 2)	886,483	-	-	886,483	2,007,926
Capital assets (Note 3)	-	238,746,049	-	238,746,049	235,465,814
TOTAL ASSETS	$ 25,845,803	$ 364,183,994	$ 414,528	$ 390,444,325	$ 387,838,883
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,443,032	$ -	$ -	$ 3,443,032	$ 5,814,101
Accrued salaries	3,038,699	-	-	3,038,699	3,202,680
Vacation payable	8,379,744	-	-	8,379,744	8,811,984
Mortgage payable - current (Note 5)	-	108,608	-	108,608	104,687
Deferred revenue (Note 6)	397,673	-	-	397,673	436,072
Construction Holdback	-	111,798	-	111,798	-
Accrued mortgage interest	-	3,280	-	3,280	3,598
	15,259,148	223,686	-	15,482,834	18,373,122
Long term liabilities					
Mortgages payable (Note 5)	-	607,681	-	607,681	716,266
Employee future benefits (Note 11)	3,289,800	-	-	3,289,800	3,234,300
Obligations under long-term financing arrangements (Note 17)	-	121,743,021	-	121,743,021	119,237,972
TOTAL LIABILITIES	18,548,948	122,574,388	-	141,123,336	141,561,660
Fund Balances					
Investment in capital assets	-	238,026,480	-	238,026,480	234,641,262
Externally restricted (Schedule 3)	-	326,333	414,528	740,861	753,114
Internally restricted (Schedule 4)	-	3,256,793	-	3,256,793	2,653,399
Unrestricted (deficit)/surplus	7,296,855	-	-	7,296,855	8,229,447
TOTAL FUND BALANCES (Statement 4)	7,296,855	241,609,606	414,528	249,320,989	246,277,223
TOTAL LIABILITIES & FUND BALANCES	$ 25,845,803	$ 364,183,994	$ 414,528	$ 390,444,325	$ 387,838,883

Contractual obligations (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

Lyle Quintin

Lyle Quintin - Board Chair

Pam Busby - Board Vice Chair

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS

for the year ended March 31, 2017

Statement 2

	Operating Fund		Restricted Funds			
	Budget 2017	Actual 2017	Capital Fund 2017	Community Trust fund 2017	Total 2017	Total 2016
REVENUES	(Note 12)					(Note 10 & 18)
Ministry of Health - general revenue fund	$ 129,675,346	$ 132,327,852	$ 6,768,224	$ -	$ 139,096,076	$ 200,118,780
Other provincial	283,588	298,824	-	-	298,824	250,212
Federal government	47,500	68,165	-	-	68,165	45,653
Patient & client fees	8,120,000	8,773,316	-	-	8,773,316	8,019,590
Out of province (reciprocal)	1,067,500	1,451,284	-	-	1,451,284	1,197,177
Out of country	31,500	82,847	-	-	82,847	91,047
Donations	50,000	53,063	1,304,364	-	1,357,427	1,835,907
Investment	220,000	238,053	28,720	3,577	270,350	327,979
Recoveries	1,724,604	3,242,573	-	-	3,242,573	2,298,786
Other	276,305	483,470	2,566,345	-	3,049,815	12,222,518
TOTAL REVENUES	141,496,343	147,019,447	10,667,653	3,577	157,690,677	226,407,649
EXPENSES						
Inpatient & resident services						
Nursing administration	$ 3,916,531	$ 3,573,910	$ -	$ -	$ 3,573,910	$ 3,604,710
Acute	16,569,211	16,830,046	2,042,576	-	18,872,622	18,094,639
Supportive	21,197,151	20,963,428	7,056,452	-	28,019,880	19,391,400
Integrated	13,988,188	14,651,154	1,733,245	2,100	16,386,499	15,545,385
Mental health & addictions	1,587,261	1,607,351	-	-	1,607,351	1,706,247
Total inpatient & resident services	**57,258,342**	**57,625,889**	**10,832,273**	**2,100**	**68,460,262**	**58,342,381**
Physician compensation	**15,173,711**	**15,441,057**	-	-	**15,441,057**	**15,630,326**
Ambulatory care services	**3,049,719**	**3,266,481**	**370,062**	-	**3,636,543**	**3,320,183**
Diagnostic & therapeutic services	**12,465,619**	**11,959,210**	**1,512,613**	-	**13,471,823**	**13,010,350**
Community health services						
Primary health care	2,609,417	2,376,306	-	-	2,376,306	2,326,601
Home care	7,221,869	6,852,914	-	-	6,852,914	6,824,596
Mental health & addictions	3,367,717	2,852,195	-	-	2,852,195	3,064,197
Population health	2,998,096	2,778,863	-	-	2,778,863	2,882,168
Emergency response services	4,557,201	4,608,613	552,984	-	5,161,597	5,323,363
Other community services	1,462,509	1,345,076	-	-	1,345,076	1,504,843
Total community health services	**22,216,809**	**20,813,967**	**552,984**	-	**21,366,951**	**21,925,768**
Support services						
Program support	6,629,306	6,555,238	36,012	-	6,591,250	6,538,143
Operational support	24,743,795	24,693,656	-	-	24,693,656	22,993,922
Other support	1,224,839	888,227	-	-	888,227	784,312
Employee future benefits	-	55,500	-	-	55,500	(27,500)
Total support services	**32,597,940**	**32,192,621**	**36,012**	-	**32,228,633**	**30,288,877**
Ancillary	**21,600**	**41,499**	-	-	41,499	**20,113**
Total expenses (Schedule 1)	**142,783,740**	**141,340,724**	**13,303,944**	**2,100**	**154,646,768**	**142,537,998**
Excess (deficiency) of revenues over expenses	**$ (1,287,397)**	**$ 5,678,723**	**$ (2,636,291)**	**$ 1,477**	**$ 3,043,909**	**$ 83,869,650**
Interfund Transfers						
Building renovations		$ (32,184)	$ 32,184	$ -	$ -	$ -
Capital asset purchases/planning		(146,643)	146,643	-	-	-
Capital equipment		(2,427,073)	2,427,073	-	-	-
Mortgage/P3 interest payments		(4,005,272)	4,005,272	-	-	-
Increase (Decease) in fund balances		**$ (6,611,172)**	**$ 6,611,172**	**$ -**	**$ -**	**$ -**
Fund balances, beginning of year		$ 8,229,447	$ 237,634,725	$ 413,051	$ 246,277,223	$ 152,616,715
Fund balances, end of year		$ 7,296,855	$ 241,609,606	$ 414,528	$ 249,320,989	$ 246,277,223

The accompanying notes and schdules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY
STATEMENT OF REMEASUREMENT GAINS AND LOSSES
for the year ended March 31, 2017

Statement 3

		2017		2016
Accumulated remeasurement gains, beginning of year	$	6,835	$	6,784
Unrealized gain (losses) attributed to:				
Investments		(143)		51
Realized gains (losses), reclassifed to statement of operations:				
Investments				
Designated fair value		-		-
Equity instruments		-		-
Net remeasurement gains for the year		(143)		51
Accumulated remeasurement gains (losses), end of year	$	6,692	$	6,835

The accompanying notes and schedules are part of these consolidated financial statements.

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CHANGES IN FUND BALANCES

for the year ended March 31, 2017

Statement 4

2017	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2017
Fund balance, beginning of year	8,229,447	237,634,725	413,051	-	246,277,223
Excess (deficiency) of revenues over expenses	5,678,723	(2,636,291)	1,477	-	3,043,909
Interfund transfers	(6,611,172)	6,611,172	-	-	-
Remeasurement gains (losses)	(143)	-	-	-	(143)
Fund balance, end of year	7,296,855	241,609,606	414,528	-	$ 249,320,989

2016	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2016
		(Note 18)			
Fund balance, beginning of year	9,790,808	152,204,303	412,412	-	162,407,523
Excess (deficiency) of revenues over expenses	1,423,030	82,445,980	639	-	83,869,649
Interfund transfers	(2,984,442)	2,984,442	-	-	-
Remeasurement gains (losses)	51	-	-	-	51
Fund balance, end of year	$ 8,229,447	$ 237,634,725	$ 413,051	$ -	$ 246,277,223

The accompanying notes and schdules are part of these consolidated financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2017

Statement 5

	Operating Fund		Restricted Fund			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
		(Note 10)				(Note 10 & 18)
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ 5,678,723	$ 1,423,030	$ (2,636,291)	$ 1,477	$ (2,634,814)	$ 82,446,620
Non-cash long-term accounts receivable						
Ministry of Health receivable	-	-	(2,186,801)	-	(2,186,801)	(71,518,875)
Other	-	-	52,657	-	52,657	(10,410,750)
Net change in non-cash working capital (Note 7)	(2,755,573)	2,088,489	302,658	-	302,658	(2,072,953)
Amortization of capital assets	-	-	8,715,702	-	8,715,702	4,778,503
Investment income on long-term investments	(143)	51	-	-	-	-
Loss on disposal of capital assets	-	-	590,108	-	590,108	664,405
	2,923,007	3,511,570	4,838,032	1,477	4,839,509	3,886,950
Capital Activities						
Purchase of capital assets						
Buildings/construction	-	-	(5,310,201)	-	(5,310,201)	(5,541,688)
Equipment	-	-	(2,565,821)	-	(2,565,821)	(3,846,604)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(7,876,022)	-	(7,876,022)	(9,388,292)
Investing activities:						
Purchase of long-term investments	-	(97)	-	-	-	-
Redemption of long-term investments	1,121,443	-	-	-	-	-
	1,121,443	(97)	-	-	-	-
Financing activities:						
Repayment of debt	-	-	(104,982)	-	(104,982)	(100,271)
Repayment of P3 arrangement	-	-	(2,204,975)	-	(2,204,975)	-
	-	-	(2,309,957)	-	(2,309,957)	(100,271)
Net increase (decrease) in cash & short term investments during the year	4,044,450	3,511,473	(5,347,946)	1,477	(5,346,469)	(5,601,613)
Cash & short term investments, beginning of year	25,132,547	24,605,516	855,630	413,051	1,268,681	3,885,852
Interfund transfers	(6,611,172)	(2,984,442)	6,611,172	-	6,611,172	2,984,442
Cash and investments, end of year (Schedule 2)	$ 22,565,825	$ 25,132,547	$ 2,118,856	$ 414,528	$ 2,533,384	$ 1,268,681

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under the *Income Tax Act of Canada)*:

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.
These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received if the amount to be received can be reasonably estimated and collection is reasonably assured..

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %
Assets under construction	0%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) *Inventory*

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) *Asset Retirement Obligation*

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the assets remaining useful life.

g) *Employee Future Benefits*

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expense all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) *Measurement Uncertainty*

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) *Financial Instruments*

Cash, short-term investments, accounts receivable, long-term investments, long term receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable and the long-term obligation to private sector partner are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017 (2016 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

j) *Replacement Reserves*

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

k) *Volunteer Services*

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

l) *Public private Partnership (P3) Project*

The RHA amortizes the accumulated cost of the completed project over its useful life, expenses the annual imputed interest, settles the long-term liability and collects the long-term receivable over the term of the agreement.

m) *New accounting standards not yet in effect*

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

i) PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.

ii) PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.

iii) PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.

iv) PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.

v) PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.

vi) PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

vii) PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.

viii) PS 2601 Foreign Currency Translation (effective April 1, 2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.

ix) PS 1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.

x) PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investments.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

3. Capital Assets

	March 31, 2017			March 31, 2016
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,534,293	$ -	$ 1,534,293	$ 1,534,293
Land Improvements	1,483,790	935,659	548,131	435,783
Buildings	252,520,113	36,323,971	216,196,142	93,780,464
Equipment	48,520,909	30,962,665	17,558,244	16,085,558
Information systems	937,326	688,831	248,495	276,106
Vehicles	1,957,902	1,555,999	401,903	227,984
Construction in Progress	2,258,841	-	2,258,841	123,125,626
	$ 309,213,174	$ 70,467,125	$ 238,746,049	$ 235,465,814

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2017, contractual obligations for the acquisition of capital assets were $133,902,728 (2016- $127,448,497).

Southwest Integrated Health Care Facility
Included in the contractual obligation is an amount for the remainder of the committed construction costs of the integrated health facility in Maple Creek (2017 - $253,615; 2016 - $842,293).

Leader Integrated Facility
Included in the contractual obligation is an amount for the remainder of the committed construction costs of the new integrated health facility in Leader $11,453,000

Swift Current Long-term Care Facility
The majority of the contractual obligation is the P3 project for a new long-term care facility in Swift Current.

Under the P3 agreement with Plenary Health Swift Current Limited Partnership (Plenary), the RHA expects to make minimum annual capital payments as follows:

	Obligation Under Long-Term Financing Arrangement at March 31, 2017	Life Cycle Payment	Total payment
Imputed Interest rate			
Expiry Date			
2018	$ 6,615,900	$ 50,000	$ 6,665,900
2019	6,615,900	68,000	6,683,900
2020	6,615,900	105,000	6,720,900
2021	6,615,900	156,000	6,771,900
2022	6,615,900	204,000	6,819,900
2023 and subsequent	159,332,925	18,118,000	177,450,925
Total minimum payments	192,412,425	18,701,000	211,113,425
Amount representing interest	70,669,404	-	70,669,404
Balance of the obligation	121,743,021	18,701,000	140,444,021

In addition, the RHA expects to make maintenance payments to Plenary as follows:

	Maintenance
2018	$ 1,450,000
2019	1,486,000
2020	1,523,000
2021	1,561,000
2022	1,600,000
2023 and subsequent	53,302,000
	$ 60,922,000

b) *Operating Leases*

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) *Contracted Health Service Operators*

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2017 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2017	2016
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest Guaranteed by buidling NBV $607,704	297,328	317,797
Herbert Nursing Home CMHC, due February 1, 2020	1.92%	$51,954 principal and interest Guaranteed by buidling NBV $1,364,448	147,272	195,909
Prairie View Health Centre CMHC, due June 1, 2022	1.04%	$25,311 principal and interest Guaranteed by buidling NBV $556,551	121,705	144,148
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest Guaranteed by buidling NBV $750,242	149,984	163,098
			716,289	820,952
Less : Current Portion			108,608	98,657
			$ 607,681	$ 722,295

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2018	$ 108,608
2019	113,543
2020	112,360
2021	69,537
2022	73,416
2023 and subsequent	238,825
Total	$ 716,289

6. Deferred Revenue

As at March 31, 2017 Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Ministry of Health Intitiatives				
PECS Basic Training (Autism)	$ 11,227	$ 11,227	$ -	$ -
Midwifery second attendants	15,216	15,216	-	-
Enhanced Dental Health	12,625	-	73,200	85,825
Total Sask Health	**$ 39,068**	**$ 26,443**	**$ 73,200**	**$ 85,825**
Non Ministry of Health Intitiatives				
ABI Program Funding	$ 13,670	$ 64	$ -	$ 13,606
ABI Independent Living	-	-	7,529	7,529
Abbott Nutrition Services Education	7,702	2,608	-	5,094
Regina Qu'Appelle - Autism funding	69,229	-	-	69,229
Regina Qu'Appelle - Primary Care Redesign	86,473	13,845	-	72,628
SUN Partnership funding	71,718	-	-	71,718
GE education for radiologists	18,684	-	-	18,684
Literacy Network (Families and Play)	1,912	1,912	-	-
CIF - Food Securities	5,693	1,641	-	4,052
3S Hospira Smart Pump Project	61,521	61,521	-	-
Saskatchewan Cancer Agency - Oncology program	60,402	11,094	-	49,308
Total Other	**$ 397,004**	**$ 92,685**	**$ 7,529**	**$ 311,848**
Total Deferred Revenue	**$ 436,072**	**$ 119,128**	**$ 80,729**	**$ 397,673**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
(Increase) Decrease in accounts receivable	$ 219,083	$ 181,444	$ 190,860	$ -	$ 190,860	$ (582,165)
(Increase) Decrease in inventory	(41,645)	125,552	-	-	-	-
Decrease in prepaid expenses	17,178	7,875	-	-	-	-
Increase (Decrease) in accounts payable	(2,371,069)	709,899	111,798	-	111,798	(1,490,788)
Increase (Decrease) in accrued salaries	(163,979)	722,769	-	-	-	-
Increase (Decrease) in vacation payable	(432,240)	965,680	-	-	-	-
Increase (Decrease) in deferred revenue	(38,399)	(597,230)	-	-	-	-
(Decrease) in employee future benefits	55,500	(27,500)	-	-	-	-
	$ (2,755,573)	$ 2,088,489	$ 302,658	$ -	$ 302,658	$ (2,072,953)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2017 $746 (2016 - $2,879). These amounts are reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

Related Parties		2017		2016
Revenues				
3sHealth	$	124,952	$	157,838
Saskbuilds Coporation		8,670		41,330
Saskatchewan Government Insurance		111,479		71,643
University of Saskatchewan		45,238		42,159
Heatland Health Region		81,528		92,412
Worker's Compensation Board (Saskatchewan)		1,623,150		904,057
Related Party Revenues	$	1,995,017	$	1,309,439
Expenditures				
3sHealth	$	4,789,800	$	3,881,960
eHealth		230,079		136,956
Minister of Finance		150,336		182,628
Ministry of Government Services		569,225		602,420
Public Employees Pension Plan		177,954		165,688
Regina Qu'appelle Health Region		420,506		698,489
Saskatchewan Health Employees Pension Plan		6,128,675		5,951,490
Saskatchewan Polytechnic		8,046		7,746
SaskEnergy Incorporated		615,492		543,170
Saskatchewan Power Corporation		933,725		872,431
Saskatchewan Telecommunications Holding Corporation		881,412		782,035
Saskatchewan Government Insurance		15,857		15,857
Saskatoon Health Region		3,723		3,723
Worker's Compensation Board (Saskatchewan)		1,080,947		910,868
Related Party Expenditures	$	16,005,777	$	14,755,461
Account Receivable				
3sHealth	$	10,699	$	-
Hearttland Health Region		4,723		6,572
Related Party Receivables	$	15,422	$	6,572
Accounts Payable				
3sHealth	$	83,796	$	48,800
eHealth		71,512		9,230
Minister of Finance		37,166		33,949
Ministry of Government Services		33,390		49,750
Regina Qu'appelle Health Region		29,854		58,800
SaskEnergy Incorporated		74,437		59,089
Saskatchewan Power Corporation		144,875		76,395
Saskatchewan Telecommunications Holding Corporation		46,365		352,960
Worker's Compensation Board (Saskatchewan)		88,300		179,650
Related Party Payable	$	609,695	$	868,623

b) *Health Care Organizations*

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2017	2016
McKerracher Support Services Inc	$ 131,685	$ 131,685
Canadian Mental Health Association	147,164	147,164
Gull Lake Ambulance	239,252	251,406
Ponteix Ambulance	268,930	273,374
Val Marie Ambulance	150,832	151,515
Frontier Ambulance	215,949	217,005
Swift Current Ambulance	1,146,945	1,170,030
	$ 2,300,757	$ 2,342,179

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administration function with the affiliate.

The following presentation discloses the amount of funds granted to the affiliate:

	2017	2016
Foyer St. Joseph Nursing Home		
- Operating grant	$ 1,933,941	$ 1,873,011
- Capital grant	-	
Total funding	$ 1,933,941	$ 1,873,011

The Ministry of Health requires additional reporting in the following audited financial summaries of the affiliate entities for the years ended March 31, 2017 and 2016

	Total 2017 (audited)	Total 2016 (audited)
Balance Sheet		
Assets	$ 1,215,378	$ 1,176,339
Net Capital Assets	555,043	564,556
Total Assets	$ 1,770,421	$ 1,740,895
Total Liabilities	$ 173,849	$ 163,302
Total Net Assets (Fund Balances)	1,596,572	1,577,593
Total Liabilities & Fund Balances	$ 1,770,421	$ 1,740,895
Results of Operations		
RHA Grant	$ 1,933,941	$ 1,873,011
Other Revenues	501,277	480,685
Total Revenue	2,435,218	2,353,696
Salaries & Benefits	2,119,637	2,055,666
Other Expenses	320,126	322,874
Total Expenses	$ 2,439,763	$ 2,378,540
Excess Revenue over Expenses	$ (4,545)	$ (24,844)
Cash Flows		
Cash from Operations	$ 129,504	$ 56,800
Cash used in Financing Activities	(68,136)	(23,083)
Cash provided by (used in) Investing Activities	(10,423)	37,815
Increase/(Decrease) in Cash	$ 50,945	$ 71,532

iii) Fundraising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. During the year the Foundation provided the RHA with $1,291,141 (2016 - $1.703.313).

10. Comparative Information

Certain 2015-16 balances have been reclassified to conform to the current year's presentation.

11. Employee future benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Government of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017				2016
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	1,504	-	14	1,518	1,439
Member contribution rate, percentage of salary	8.1 - 10.7%*	-	5.00 - 7.00%*		
RHA contribution rate, percentage of salary	9.072 - 11.984%		5.00 - 7.00%		
Member contributions	5,470,589	-	90,645	5,561,234	5,383,121
RHA contributions	6,127,105	-	90,645	6,217,750	6,020,792

*Contribution rate varies based on employee group

1. Active members include all employees of the RHA, including those on leaves of absence as of March 31, 2017

Inactive members are not reported by the RHA, their plans are transferred to SHEPP and directly managed by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of the participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. General established in 1975
2. SEIU established in 1975 – affiliated with the Service Employees International Union
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in the Compensation – benefits in Schedule 1 and is equal to the RHA contribution amount below

	2017				2016
	General	**SEIU**	**SUN**	**Total**	**Total**
Number of active members	179	1,008	276	1,463	1,410
Member contribution rate, percentage of salary	0.60% - 0.65%	1.25%	0.69%		
RHA contribution rate, percentage of salary	0.65% - 0.07%	1.25%	0.81%		
Member contributions	112,419	463,008	126,757	702,184	690,503
RHA contributions	112,419	463,008	148,802	724,229	723,091

c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2017. Key assumptions used as inputs into the actuarial calculation are as follows:

	2017	2016
Discount rate	2.40%	2.40%
Rate of inflation		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over - 0.0% per annum, plus 2.0% per annum for SUN members at 20 years or service		

	2017	2016
Accrued benefit obligation, beginning of year	$ 3,234,300	$ 3,261,800
Cost for the year		
Current period benefits costs	489,800	394,400
Interest Expense	62,300	66,600
Actuarial (gains) losses	93,000	29,500
Benefits paid during the year	(589,600)	(518,000)
Accrued benefit obligation, end of year	$ 3,289,800	$ 3,234,300

12. Budget

The RHA Board approved the 2016-17 budget plan (motion #30-16/17) on July 21, 2016. The budget information is unaudited.

13. Financial Instruments

a) *Significant terms and conditions:*

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) *Financial risk management:*

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Board ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Board oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) *Credit risk:*

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2017	2016
Cash and short-term investments	$ 25,099,209	$ 26,401,228
Curent Accounts receivable		
Ministry of Health - General Revenue Fund	1,373,640	962,823
Other	2,102,596	2,923,356
Investments	886,483	2,007,926
Long-term Accounts receivable		
Ministry of Health - General Revenue Fund	106,273,273	104,086,472
Other	15,098,843	15,151,500
	$ 150,834,044	$ 151,533,305

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with the reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA surplus funds earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) ***Market Risk:***

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2017 and 2016 have fixed interest rates. Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, the interest rates on the investments held by the RHA bare minimal risk and therefore the overall risk to the health region due to fluctuating interest rates is minimal.

e) ***Liquidity risk:***

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $23,589,105 (2016 - $25,929,637).

f) ***Fair value:***

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - accounts receivable
    - accounts payable
    - accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.

- The fair value of mortgages payable and long-term debt and long-term obligations to the private sector partner before the repayment required within one year is $122,459,310 (2016 - $124,788,978) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs.

There were no items transferred between levels in 2017 or 2016.

	2017			2016		
	Level1	Level 3	Total	Level1	Level 3	Total
Investments	886,483	-	886,483	2,007,828	-	2,007,828
Mortgage Payable	716,289	-	716,289	820,953	-	820,953
Long-term Obligations	-	121,743,021	121,743,021	-	119,237,912	119,237,912

g) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,000,000 (2016 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by RHA assets. Total interest paid on the line-of-credit in 2017 was $ nil (2016 - $ nil). This line-of-credit was approved by the Ministry.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $414,528 (2016 - $413,051) under these agreements.

Following is the status of the trust funds at March 31, 2017:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

15. Pay for Performance:

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 to 2016-17.

16. Collective Bargaining Agreement

The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018. The Service Employees International Union (SEIU) contract expired March 31, 2017.

17. Long-term Obligations to Private Sector Partner

During 2015, the RHA entered into a P3 arrangement with Plenary Health Swift Current Limited Partnership for the construction of the Swift current Long Term Care facility. The change in the obligation during 2016-17 was as follows:

	March 31, 2017
Balance, beg. of year	$ 119,237,972
Additions	4,710,024
Payments	(2,204,975)
Balance, end of year	$ 121,743,021

Refer to note 4a) for repayment terms and amounts.

18. Subsequent Events

The Cypress Health Region is currently in negotiations to finalize the sale of the Swift Current Care Centre to a private party. This sale should conclude sometime in May. The Region has also received a down payment for the property that the previous Maple Creek Hospital occupied and is waiting for Ministerial approval before completing this sale.

19. Restructuring

The Government of Saskatchewan has announced its intention to consolidate the province's 12 existing Regional Health Authorities, including Cypress Regional Health Authority, into one single Provincial Health Authority. The consolidation is expected to occur in fall 2017. Although Cypress Regional Health Authority will be dissolved upon completion of the consolidation, it is expected its assets, liabilities, and operations will continue as part of the Provincial Health Authority. As a result, these financial statements have been prepared on a going concern basis.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2017

	Budget 2017	Actual 2017	Actual 2016
Operating:			
Advertising & public relations	$ 45,100	$ 24,402	$ 34,760
Board costs	80,000	59,774	59,838
Compensation - benefits	16,117,206	15,509,646	14,582,046
Compensation - salaries	85,077,802	81,626,828	80,935,453
Compensation - employee future benefits	-	55,500	(27,500)
Continuing education fees & materials	168,122	338,811	196,853
Contracted-out services - other	3,596,541	3,736,375	2,469,904
Diagnostic imaging supplies	59,900	78,907	60,912
Dietary supplies	57,250	33,816	33,654
Drugs	1,247,280	1,456,277	1,419,727
Food	2,228,350	2,158,549	2,189,169
Grants to ambulance services	2,019,458	2,021,908	2,053,830
Grants to health care organizations & affiliates	2,278,647	2,217,928	2,170,280
Housekeeping & laundry supplies	823,548	982,241	919,161
Information technology contracts	760,575	897,649	625,713
Insurance	441,728	457,427	269,961
Interest	9,000	16,829	11,504
Laboratory supplies	1,105,819	1,129,081	1,103,825
Medical & surgical supplies	2,839,289	3,178,235	2,933,979
Medical remuneration & benefits	14,271,601	14,523,592	14,499,707
Office supplies & other office costs	1,077,586	1,040,201	1,010,817
Other	554,186	361,782	565,402
Professional fees	778,192	843,006	706,410
Prosthetics	240,000	156,430	324,448
Purchased salaries	-	760,146	153,737
Rent/lease/purchase costs	848,125	937,771	1,383,945
Repairs & maintenance	2,696,749	3,272,216	3,042,838
Supplies - Other	217,731	214,985	196,560
Travel	1,083,655	1,061,994	1,122,499
Utilities	2,060,300	2,188,417	1,911,138
Total Operating Expenses	$ 142,783,740	$ 141,340,723	$ 136,960,570
Restricted:			
Amortization		$ 8,715,702	$ 4,778,503
Loss/(Gain) on disposal of fixed assets		590,108	664,405
Mortgage interest expense		3,900,594	47,230
Other		99,640	87,290
		$ 13,306,044	$ 5,577,428

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
as at March 31, 2017

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Innovation Credit Union	$ 2,118,856		
Royal Bank (Shaunavon)	63,826		
Sandhills Credit Union (Leader)	59,623		
Credit Union (Eastend)	7,760		
Royal Bank (Climax)	27,052		
Innovation Credit Union (Mankota)	103,647		
	$ 2,380,764		
Short Term Investments:			
Eastend Credit Union	$ 152,227	03/25/2018	1.40%
Various Membership Equities	393		
	$ 152,620		
Total Cash & Short Term Investments	$ 2,533,384		
Total Restricted Investments	**$ 2,533,384**		
Unrestricted Investments			
Cash and short term			
Chequing and Savings :			
Innovation Credit Union	$ 21,070,167		
RBC Dominion Securities	138,173		
BMO Nesbitt Burns	1		
	$ 21,208,341		
Short Term Investments			
Home Trust Company GIC	100,000	01/17/18	1.47%
Equitable Bank GIC	100,000	01/17/18	1.40%
Peoples Trust GIC	81,231	01/17/18	1.35%
Canada Savings Bond	200,410	11/01/17	0.50%
B2B Bank GIC	48,669	01/23/18	1.90%
Bank of Nova Scotia GIC	48,648	01/23/18	1.66%
CDN Western Bank GIC	48,665	01/23/18	1.85%
Equitable Bank GIC	48,655	01/23/18	1.75%
HSBC Bank Canada GIC	48,652	01/23/18	1.70%
Homequity Bank GIC	48,665	01/23/18	1.85%
Home Trust Company GIC	48,683	01/23/18	2.05%
Tangerine Bank GIC	48,647	01/23/18	1.65%
Korea Exchange Bank GIC	48,647	01/23/18	1.65%
Laurentian Bank GIC	48,669	01/23/18	1.90%
LBC Trust GIC	48,669	01/23/18	1.90%
Manulife Bank CDA GIC	48,651	01/23/18	1.70%
Manulife Trust GIC	48,651	01/23/18	1.70%
Montreal Trust CDA	48,648	01/23/18	1.66%
Natcan Trust Company GIC	48,647	01/23/18	1.65%
Nat'l Bank of Canada GIC	48,647	01/23/18	1.65%
Peoples Trust GIC	48,665	01/23/18	1.85%
Pacific & Western GIC	48,665	01/23/18	1.85%
	$ 1,357,484		
Total Cash & Short Term Investments	$ 22,565,825		

Long Term			
Various Membership Equities	10,045		
B2B Bank GIC	48,687	01/23/20	2.10%
Bank of Nova Scotia GIC	48,687	01/23/20	2.10%
Canadian Tire Bank GIC	48,687	01/23/20	2.10%
CDN Western Bank GIC	48,691	01/23/20	2.15%
CDN Western Trust GIC	48,687	01/23/20	2.10%
Equitable Bank	48,692	01/23/20	2.15%
Homequity Bank GIC	48,700	01/23/20	2.25%
Home Trust Company GIC	48,709	01/23/20	2.35%
ICICI Bank Canada GIC	48,691	01/23/20	2.15%
Korea Exchange Bank GIC	48,691	01/23/20	2.15%
Laurentian Bank GIC	48,687	01/23/20	2.10%
LBC Trust GIC	48,687	01/23/20	2.10%
Manulife Bank CDA GIC	48,691	01/23/20	2.15%
Manulife Trust GIC	48,691	01/23/20	2.15%
Natcan Trust Company GIC	48,688	01/23/20	2.11%
Nat'l Bank of Canada GIC	48,688	01/23/20	2.11%
Peoples Trust GIC	48,692	01/23/20	2.15%
Pacific & Western GIC	48,692	01/23/20	2.15%
Total Long Term Investments	$ 886,483		
Total Unrestricted Investments	**$ 23,452,308**		
Total Investments	**$ 25,985,692**		

Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 25,099,209
Total Long Term	886,483
Total Investments	**$ 25,985,692**

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the capital fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
for the year ended March 31, 2017

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Non-Government of Sask Intiatives						
Shaunavon Hospital & Care Centre	$ 63,350	$ 477	$ -	$ -	$ -	$ 63,827
Eastend Wolf Willow Health Centre	158,134	2,245	-	-	-	160,379
Prairie View Health Centre (Mankota)	105,094	653	-	(2,100)	-	103,647
Leader Hospital	51,836	-	-	-	-	51,836
Border Health Centre	26,850	202	-	-	-	27,052
Western Senior Citizens Home	7,787	-	-	-	-	7,787
Total Non-Government	**413,051**	**3,577**	**-**	**(2,100)**	**-**	**414,528**
Total Community Trust Fund	**$ 413,051**	**$ 3,577**	**$ -**	**$ (2,100)**	**$ -**	**$ 414,528**

CAPITAL FUND

	Balance, beginning of year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Assets Fund Balance	Balance, end of of year
Non-Government of Sask Intiatives						
Donations	$ 340,063	$ 37,497	$ -	$ (51,227)	$ -	$ 326,333
Total Non-Government	**$ 340,063**	**$ 37,497**	**$ -**	**$ (51,227)**	**$ -**	**$ 326,333**
Total Capital Fund	**$ 340,063**	**$ 37,497**	**$ -**	**$ (51,227)**	**$ -**	**$ 326,333**
Total Externally Restricted Funds	**$ 753,114**	**$ 41,074**	**$ -**	**$ (53,327)**	**$ -**	**$ 740,861**

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES

for the year ended March 31, 2017

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
CMHC Replacement Reserves						
Gull Lake Special Care Centre	$ 99,190	$ 957	$ -	$ -	$ -	$ 100,147
Herbert Nursing Home	105,740	1,020	-	-	-	106,760
Western Senior Citizen Home	78,979	762	-	-	-	79,741
Total CMHC	$ 283,909	$ 2,739	$ -	$ -	$ -	$ 286,648
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	172,309	-	-	(36,575)	-	135,734
Infastructure Funding Fiscal 2008-09	691,616	-	-	(394,475)	-	297,141
Maple Creek Facility funding	20,481	383	234,893	-	-	255,757
Infastructure Funding Fiscal 2013-14	106,179	-	-	(106,179)	-	-
Equipment Funding Fiscal 2014-15	131,961	-	-	-	-	131,961
Infastructure Funding Fiscal 2015-16	171,000	-	-	(102,022)	-	68,978
Leader Facility Funding	104,428	-	418,344	-	-	522,772
Capital Pressures Funding	424,000	-	-	(246,958)	-	177,042
Equipment Funding Fiscal 2016-17	-	-	154,828	-	-	154,828
Infastructure Funding Fiscal 2016-17	-	-	390,000	-	-	390,000
Region restricted			-			
Capital Rebate	527,514	-	288,418	-	-	815,932
Swift Current Long Term Care Commitments	20,000	-	-	-	-	20,000
Total Internally Restricted Funds	$ 2,653,399	$ 3,122	$ 1,486,483	$ (886,209)	$ -	$ 3,256,793

CYPRESS REGIONAL HEALTH AUTHORITY

BOARD MEMBER REMUNERATION

for the year ended March 31, 2017

Schedule 5

	2017							2016
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Bragg, Tyler - chair	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,146
Quintin, Lyle - chair	10,790	8,386	1,012	1,663	-	856	22,707	12,678
Busby, Pamela - vice chair	-	3,525	1,082	2,040	-	155	6,802	6,710
Heeg, Ronald	-	3,100	-	-	-	-	3,100	3,530
Lewis, Donald	-	3,075	910	1,625	-	29	5,639	4,106
Smith, Judy	-	3,550	1,378	2,439	-	175	7,542	5,350
Stephens, Larry	-	3,510	-	140	-	-	3,650	4,173
Whiteside, Brian	-	2,800	-	-	-	89	2,889	2,370
Wilson, Terry	-	2,950	-	-	-	85	3,035	2,994
Total	$ 10,790	$ 30,896	$ 4,382	$ 7,907	$ -	$ 1,389	$ 55,364	$ 54,058

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

for the year ended March 31,2017

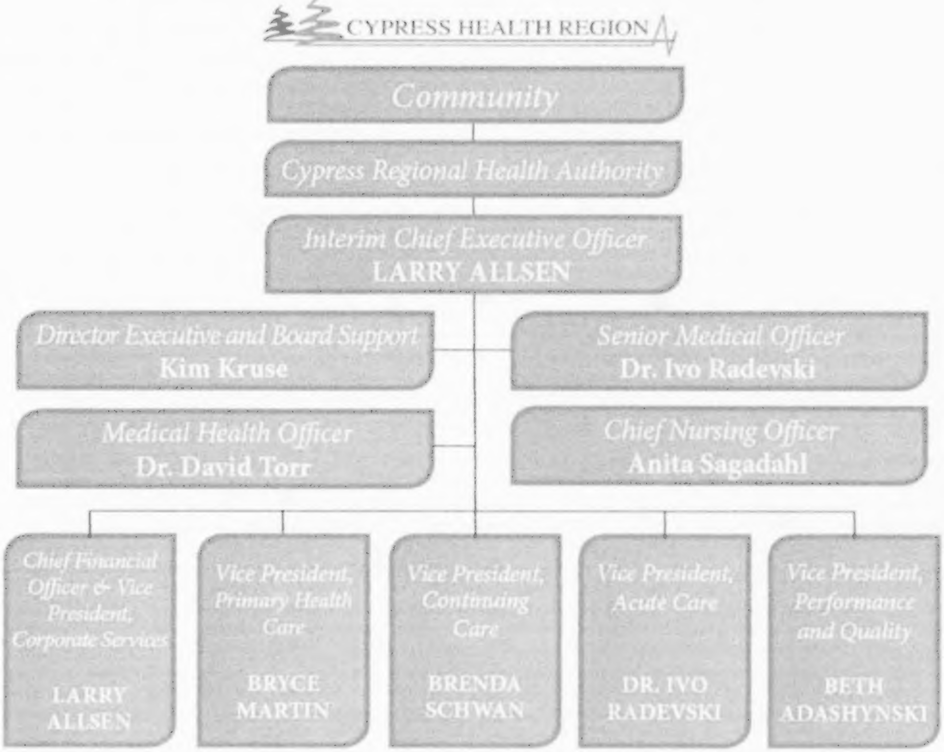
	2017					2016		
Senior Employees	Salaries 1	Benefits and Allowances 2	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severances	Total
Beth Vachon - CEO	$ 272,230	$ 1,457	$ 273,687	$ -	$ 273,687	$ 298,421	$ -	$ 298,421
Larry Allsen - Interim CEO, CFO & Vice President	191,202	-	191,202	-	191,202	195,022	-	195,022
Kim Kruse - Director	69,199	825	70,024	-	70,024	70,008	-	70,008
Bryce Martin - Vice President	143,703	-	143,703	-	143,703	147,488	-	147,488
Beth Adashynski - Vice President	157,694	810	158,504	-	158,504	178,264	-	178,264
Brenda Schwan - Vice President	218,630	-	218,630	-	218,630	250,306	-	250,306
Gloria Berbrun - Vice President	-	-	-	-	-	193,481	-	193,481
Dr. David Torr - Medical Health Officer	220,754	-	220,754	-	220,754	218,508	-	218,508
Dr. I Radevski - Senior Medical Officer	310,146	-	310,146	-	310,146	306,754	-	306,754
Total	$ 1,583,558	$ 3,092	$ 1,586,650	$ -	$ 1,586,650	$ 1,858,252	$ -	$ 1,858,252

1 Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The Pay for Performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. Senior employees will receive 100% of their base salary for 2014-15 and 2015-16. Refer to note 15 for further details

2 Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

APPENDIX A:

ORGANIZATIONAL CHART


CYPRESS HEALTH REGION
Community
Cypress Regional Health Authority
Interim Chief Executive Officer LARRY ALLSEN
Director Executive and Board Support Kim Kruse
Senior Medical Officer Dr. Ivo Radevski
Medical Health Officer Dr. David Torr
Chief Nursing Officer Anita Sagadahl
Chief Financial Officer & Vice President, Corporate Services LARRY ALLSEN
Vice President, Primary Health Care BRYCE MARTIN
Vice President, Continuing Care BRENDA SCHWAN
Vice President, Acute Care DR. IVO RADEVSKI
Vice President, Performance and Quality BETH ADASHYNSKI

As of January 5, 2017

APPENDIX B:

PAYEE DISCLOSURE LISTS

As part of their commitment to accountability and transparency, the Ministry of Health and the Cypress Health Region disclose payments by payee for the 2016-17 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees (individuals, affiliates, and other organizations) requiring disclosure and for the 2016-17 fiscal year the minimum threshold has been maintained at $50,000.

The *Payee Disclosure Lists* include payments for the following categories, with information to be included as follows:

- ***Personal Services*** – stated amounts include all payments made to individuals throughout the fiscal year and ***are not restricted to base salary payments***. Payments to individuals who are unionized or non-unionized employees and contracts where an 'employee/employer' relationship has been established are included in this list. The recorded amounts include regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, any other direct cash remuneration including sick leave, vacation, short-term disability, and differentials which total $50,000 or more.
    - ***Contracts*** – the total amount paid (over the threshold) if an 'employee/employer' relationship exists. If the relationship does not exist and the payment is over the minimum threshold, the amount is reported as a 'Supplier Payment'.
- ***Supplier Payments*** – payees who received $50,000 or more for the provision of goods and/or services, including supplies, contracts, and equipment; contracts over the minimum threshold of contacts where an 'employer/employee' relationship does not exist.
- ***Transfers*** – listed, by program, transfers to recipients who received $50,000 or more for program grants, funding, foundations, donations, sponsorships, and Health Care Organizations.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

ACHTER	ANGIE	80,866
ACHTER	CANDLLE	85,682
ADAMSKA	TERESA	110,276
ADASHYNSKI	BETH	163,173
ADDAI	MATILDA	165,761
ADEOYE	IYANU	84,988
AHMODU	OLORUNFEMI	320,470
AKINFIRESOYE	ALEXANDRA	201,554
AKPOIGBE	OKEOGHENE	335,728
ALDAG	MARLENE	119,142
ALLSEN	LARRY	198,390
AMAN	KAREN	68,368
AMAN	RALPH	97,413
AMUNDSON	SIBRENA	61,189
AN	JI HOON	107,195
ANDERSON	KIRSTEN	65,762
ANDERSON	IRENE	67,255
ANDERSON	TROY	88,240
ANDERSON	MARY	95,918
ANDREAS	SUSAN	53,199
ANDREAS	DAPHNE	95,389
ANDRES	TERRI	53,549
ANDREW	BRANDY	67,012
ANNING	WENNIE	51,887
ANTON	WANDA	55,584
ARMSTRONG	SHANNA	55,133
ARMSTRONG	JENNIFER	73,673
ARMSTRONG	SHANNON	104,073
ASHTEKAR	VEEJAY	590,277

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more

BAAN	SUZANNE	71,930
BAIN	GORDON	61,524
BAKANEC	SHANNON	60,606
BAKKEN	CHANA	62,000
BALDERSON	CODY	57,860
BALFOUR	MICHELLE	55,667
BANKS	MALCOLM	103,023
BANMAN	LEANNE	80,794
BARRETTO	IGNACIO	277,537
BARTLETT	ASHLEY	68,958
BARTOLOME	JETHRA	50,509
BASILIO	LEA	68,672
BAZIN	JILLANE	56,850
BEVERLY	SUSAN	58,222
BIDOCHKA	ALISON	114,015
BIDWELL	TELEAH	103,177
BILANSKI	ERNA	100,968
BISCHOFF	PAMELA	93,955
BISSONNETTE	DEBORAH	89,655
BLOHM	LAURA	76,117
BOLDING	LAUREEN	55,489
BOLLMAN	JULIE	89,850
BOLTON	ERIN	88,174
BOOTH	DWIGHT	125,957
BORUCH	SHEILA	71,117
BOURLON	ARMANDE	77,462
BOUTILIER	BRADLEY	96,517
BRAATEN	DAWN	65,202
BRADFORD	SARAH	103,945

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

BRAUN	KAREN	70,676
BREEN	TANIA	52,003
BREHM	SHANE	84,757
BREWER	TARA	70,436
BRIDAL	LINDA	88,191
BRIERE	CLAUDE	63,230
BRIGGS	LEAH	78,805
BROOKS	SONIA	51,604
BROWN	LYNETTE	55,190
BROWN	PATRICIA	92,583
BROWN	LANA	103,403
BROWNE	GRANT	108,162
BRYNGELSON	CHERYL	88,259
BUCK	PATRICIA	51,649
BUENAVENTURA	RICHARD	50,445
BURNETT	WANDA	59,676
BYE	LISA	59,457
BYMOEN	BETTY ANN	71,737
CAISSIE	WENDY	74,588
CAMERON	KATHERINE	116,629
CAMPBELL	CAMILLE	72,733
CAMPHAUG	KLANCI	79,695
CARIGNAN	MELISSA	119,856
CARLETON	FAUNA	55,789
CARLETON	GLENDA	85,007
CARLSON	DEVON	64,021
CARON	PENNI SUE	120,194
CARR	GLADYS	50,502
CARTWRIGHT	CHARLOTTE	68,543

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

CASHIN	RICHARD	135,124
CEDERHOLM	JENNIFER	59,152
CEDERHOLM	SUSAN	120,903
CHABOT	PAMELA	53,187
CHABOT	CHANTELLE	73,463
CHAVARRIA	CESAR	79,625
CHISHOLM	DONNA	55,622
CHISHOLM	JOHN	82,505
CLERMONT	JEAN	50,123
COLE	HEATHER	75,633
CONEYS	DAVID	92,116
CORBIN	MICHAEL	88,235
COREY	CRYSTAL	78,816
COTE	ALYSSA	50,554
COURTNEY	KIM	56,105
CROCKETT	SHARON	55,365
CRONAN	CARLA	104,140
CROSS	DENISE	56,285
CROZIER	SHELLY	64,572
CUNNINGHAM	GAIL	97,477
CUPPLES	LYNN	54,884
CUTHBERT	JANNA	154,134
DADE	NAVEEN	56,573
DANROTH	CARLIE	50,088
DAVIS	LYRIS	87,346
DAWSON-BRIERE	SHELLEY	108,254
DE KLERK	HEIN	250,495
DEBRUYNE	BONNIE	57,033
DEG	ARLENE	61,328

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

DEKOWNY	PATRICIA	76,814
DEL VICARIO	LAURA	91,683
DELA CRUZ	GIBSON	52,916
DELA CRUZ	GISELLE	59,306
DEMPSEY	CHRISTINE	83,056
DENMAN	ALICE	98,046
DERKSEN-KROEKER	KATHY	64,776
DESHAIES	MARIE	106,489
DESJARDINS	SUSAN	98,041
DICKIE	SANDRA	84,118
DIDUCK	DARUSIA	108,895
DOYLE	KAITLIN	96,633
DRISCOLL	JOAN	62,043
DRUMMOND	CINDY	112,022
D'SOUZA	BRUCE	61,427
DUECK	BRENDA	82,524
DUECK	BARRY	96,766
DUFF	CORINNE	140,032
DUNCAN	TAMMY	105,894
DUNCOMBE	GAIL	104,942
DUQUETTE	KIMBERLY	67,082
DURANT	MARILYN	83,797
DYCK	GWEN	55,562
DYCK	DAWN	80,834
DYCK	RYAN	90,168
DYCK	SHANTEL	99,509
EDDY	CAROL	120,347
EGLAND	JANETTE	54,439
EGUAKUN ELEMA	HARRISON	73,642

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

EIDSNESS	RUTH	107,752
EISENBARTH	ALEXANDER	50,514
ELLIOTT	CRYSTAL	110,578
ELLIOTT-POHL	CHELSEA	79,730
ELLIS	KRISTIE	53,635
ELSASSER	RAYLENE	115,089
EMPEY	CARRIE	55,185
EMPEY	STACIE	71,346
ENTEM	CATHERINE	67,604
ENTZ	ROSA	57,742
ENTZ	MICHELLE	59,045
ENTZ	REBECCA	59,433
ERDAHL	KRISTY	75,589
ERLANDSON	ASHLYN	64,381
EWEN	CLAYTON	62,617
FAKHIR	SHAMSUDDIN	534,370
FAUCHER	JORDAN	70,345
FEHR	PATRICIA	51,819
FEHR	STEPHANIE	56,687
FEHR	HELEN	119,004
FEIL	ROXANNE	77,814
FENSOM	LINDSAY	63,205
FENSOM	BENJAMIN	76,199
FERRER MINGMING	MARIA JEA	68,096
FESCHUK	MELANIE	101,507
FIFIELD	BRIANA	50,607
FINLAY	LAURIE	76,841
FITZSIMONDS	CAROLE	51,941
FLATERUD	FLORENCE	83,178

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

FLEURY	TYLER	83,397
FLEURY	BRENDA	98,184
FLEURY	DEAN	102,842
FLYNN	PENNY	76,009
FORBES	LORRAINE	50,068
FOSTER	MARLA	68,182
FREDERICK	SHANNON	84,181
FRIESEN	YVETTE	60,081
FRIESEN	MARLENE	74,138
FRIESEN	MARGARET	98,261
FROBERG	DARLENE	70,309
FROEHLICH	CINDY	107,748
FROESE	JULIE	61,217
FROYMAN	DEBRA	80,092
FRY	JULIA	74,592
FUNK	LORI	62,280
FUNK	ASHTON	80,487
GADER	LARISSA	97,350
GAFF	AILEEN	55,195
GALI	VISHNUPRIYA	229,663
GARCIA	FRANCISCO	578,357
GARDNER	TERRY	65,808
GARIES	ELAINE	82,946
GARIES	ASHLEY	91,627
GARRETT	MICHELE	102,355
GATES	JILL	85,442
GATES	GLENDA	102,472
GATZKE	JASON	266,615
GAVEL	ASHLEY	60,165

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

GERARD	YOLANDE	78,551
GERLACH	CHRISTINA	72,976
GIASSON	TAMMI	85,617
GIESBRECHT	BRIANNE	65,472
GIESBRECHT	JESSICA	66,867
GIESBRECHT	ANGELA	82,593
GIESBRECHT	BRADFORD	88,434
GILL	IRAMANDIP	84,692
GILLANDERS BELL	TARA	97,941
GILLIS	DOROTHY	54,260
GLAS	ASHLEY	121,377
GODDARD	SUSANNE	97,333
GOLD	KARLA	99,835
GOLDEN	BARBARA	97,602
GOLDIE	GAIL	59,477
GONZALES	BOBBY	54,962
GONZALES-LOVERAN	MARY JING	50,957
GORDON	MARIANNE	70,590
GOUDY LODOEN	LAURA	105,045
GOVENDER	RAJAN	353,274
GRANT	TANYA	53,542
GRANT	JANELL	94,780
GRANT	GREGORY	125,209
GREEN	STEPHANIE	112,444
GREENLAY	SHARLEEN	51,425
GREENWOOD	ASHLEY	51,624
GROTH	TAYLOR	74,697
GROVES	BRENDA	113,700
GUCKERT	JOCELYN	56,239

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

GUIAO	MELINDA	76,989
HAGMAN	BROOKLYN	53,016
HAIDT	NICOLETTE	86,841
HALEY	JESSICA	89,977
HALL	TRISHA	52,561
HALLMAN	DAVID	129,220
HALVORSON	CINDY	74,209
HAMILTON	KATRINA	78,331
HAMM	DONNA	114,172
HAMMERSCHMID	BOBBI JO	53,889
HAMPTON	DEZIREE	82,419
HANNA	SHANNON	71,246
HANNA	MEGHAN	74,136
HANNAH	KERRI LYN	95,924
HANSEN	TIERNEY	51,055
HANSON	REANNE	65,247
HARDER	MYRNA	71,872
HARDY	TRICIA	84,615
HAROLDSON	JENNA	61,904
HARRISON	YOLANDA	64,747
HART	DEBORAH	50,400
HART	SHELLY	106,793
HASTINGS	JODIE	52,671
HAUBRICH	SHELBY	64,245
HAUBRICH	YVONNE	94,578
HAWKINS	KRISTIN	68,420
HEINO	SHERSTIN	93,390
HEINRICHS	LORRAINE	115,541
HENNIG	JENNIFER	100,753

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

HERMAN	CATHERINE	50,148
HERMIZ MARKHO	ALEN	95,557
HERTER	MELISSA	62,162
HIEBERT	SHEILA	50,006
HILDEBRAND	CAROLYN	62,612
HILDEBRAND	CAROL	119,567
HILTS	ELAINE	83,491
HITTEL	CLARA	84,715
HODGSON	MARYANN	106,337
HOLDEN	TRACI	52,468
HOLDING	CARA	64,587
HOLENSKI	SHELLY	51,092
HOLOHAN	ADRIANA	99,868
HOPKINS	KALEIGH	50,263
HOQUE	MOHAMMED	346,143
HORAN	CHERIE	57,997
HORNUNG	SHERRY	120,700
HORST	SHELLY	57,262
HOUDE	IRENE	60,047
HOVDESTAD	RENEE	111,479
HOWDEN	ROBIN	82,576
HOWELL	MARY ROSE	70,522
HUNTER	TIMOTHY	84,774
HYATT HIEBERT	RACHEL	94,732
ILLERBRUN	PATRICIA	75,731
IRVING	JODIE	57,748
ITTERMAN	LIANNE	74,745
JAMES	LESLIE	91,538
JARLIGO REIMER	KENNET	86,884

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more

JHAND	SATBIR	337,313
JOHNSON	NORMA	62,522
JOHNSTON	CASSI	63,297
JOHNSTON	KRISTIN	72,082
JOHNSTON	WILLIAM	251,640
JONES	TRACEY	101,861
KALLEN	KATELYN	51,691
KANNENBERG	TYLER	122,686
KAPUSTA	MICHAEL	219,937
KASSETT	SURESH	72,282
KEHLER	ROXANNE	95,152
KENNEDY	LINDA	69,242
KERN	ANNETTE	51,685
KESSY	CONNIE	82,823
KETTNER	MARIE	66,100
KHAN	SABINA	715,758
KING	ROBERT	63,932
KING	ELLEN	71,714
KIRBY	LAURA	109,804
KIRK	MICHELLE	82,054
KLAASSEN	CARLY	50,455
KLAASSEN	TODD	65,760
KLASSEN	PAMELA	190,617
KLONARAKIS	JIM	466,161
KNAKOSKE	SUSAN	76,889
KNIPPSHILD	KERRI	52,735
KNIPPSHILD	KAREN	80,152
KNOX	CATHERINE	79,505
KNUDTSON	SHIRLEY	78,309

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

KOSMAS	TERESA	90,539
KRAUSE	MARILYN	94,234
KRESS	ALYSSA	77,582
KRUSE	KIM	70,290
KUNTZ	LORALEI	52,690
KUYEK	NICOLE	66,860
LABIB	MARY	92,484
LAFONTAINE	ANGELA	89,480
LAIRD	MERCY	95,088
LAMB	TAYLOR	55,719
LAMONT	TRACEY	64,928
LAMONTAGNE	ESTHER	55,681
LAVALLEE	IRENE	50,422
LEE	YONHEE	74,198
LEE	MELODY	98,762
LEIFSON	PAMELA	104,182
LEMAY	LYNDA	86,495
LESLIE	DONNA	61,584
LESLIE	SARAH	65,034
LEVORSON	DENISE	63,696
L'HEUREUX	JOAN	56,090
LIEM	CLAIRE	53,934
LINDSAY	BARBARA	56,294
LJUNGGREN	BERYL	84,644
LONGMORE	KARA	51,324
LONGMORE	DEBRA	101,982
LOUWRENS	PIERRE	382,738
LOVERIN	BRANDI	57,009
LOVESTONE	SHERRI	76,664

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

LOWE	RICKY	111,338
LOZINSKI	FIONA	97,433
LUBEGA	BETTY	91,719
LUBEGA	BONIFACE	475,870
LUCHENSKI	SHELLY	97,020
MACDONELL	AMBER	62,968
MACWILLIAM	CORNELIA	124,419
MADATHIL	RANJITH	86,889
MALLECK	NASEEM	586,351
MALONE	WANDA	53,239
MANGUNE	LEAH MARI	85,779
MANN	MCKENZIE	66,098
MARCUS	INES	62,870
MARTENS	MELLISA	92,125
MARTENS	TANYA	93,383
MARTIN	RHONDA	51,800
MARTIN	BRYCE	156,933
MASON	TAMMY	105,537
MASTEL	WOLANA JE	72,967
MAXNER	AMANDA	87,627
MCARTHUR	KARLA	94,521
MCBLAIN	MARLENE	57,722
MCCONNELL	ANDREA	68,840
MCCONNELL	MIKE	74,722
MCCOY	KRYSTAL	55,508
MCCUAIG	LYNDA	72,155
MCCUAIG	CHESTER	109,135
MCCUAIG	JILL	116,997
MCGOWAN	KRISTIAN	52,006

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

MCLANE	SAMANTHA	62,435
MERCER	DONNA	50,678
MERTIN	SKYE	53,669
MEYER	ERLA	128,494
MILLAR	MIKKI	114,239
MILLER	SHERRY	63,804
MINKEN	COLLEEN	66,086
MISCAMPBELL	TERRY	91,358
MOAT	MICHELLE	66,500
MOBERG	SHERRY	80,107
MOBERG	HEATHER	96,306
MOBERG	TERRI	109,515
MOEN	ALICE	82,184
MONK	JOAN	53,541
MONK	CRYSTAL	121,967
MONTGOMERY	MORGAN	95,187
MOORE	CHARMAINE	58,658
MOORHEAD	WENDY	55,890
MOREY	CINDY	52,131
MOZOL	AMANDA	90,582
MUDINGAY	KABUYA	352,671
MUDRY LAUTSCH	MARILYN	98,861
MULLA	AMITH	100,322
MUNROE	ROBIN	110,024
MURCH	FRANCES	108,226
MURPHY	BARRY	76,313
MURRAY	LOU ELLEN	51,932
MUZYKA	ANGELA	111,932
NAGEL	CHERYL	55,930

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

NAIDOO	NEELANDRAN	355,357
NAPPER	SHANNON	99,655
NELSON	LISA	82,168
NEUSTAETER	WESLEY	64,203
NEVARD	M FERN	96,230
NEWSHAM	LEE ANNE	56,053
NEWTON	MICHELLE	75,491
NEWTON	CURTIS	83,434
NOGUE	LEAH	50,255
NONGAUZA	GRACE	95,029
NONGAUZA	JARRETT	588,462
NORDIN	COLLEEN	51,458
NORVAL	IVAN	75,731
NUMAN	SAMANTHA	58,296
O'FARRELL	RHONDA	76,358
OJO	ALABA	663,089
OKERMAN	JUSTIN	70,044
OKERMAN	JESSICA	77,006
OLFERT	VICTORIA	66,260
OLFERT	CAMILLA	76,453
OLFERT	MICHELLE	89,345
OLFERT	CARLEY	100,146
OLSGARD	KATHRYN	50,332
OLSON	LANETTE	55,062
OLSON	KRISTA	86,229
OMAN	LORI	53,873
OPPER	TEALKA	86,987
ORR	DAWN	61,075
ORSAK	JENNIFER	50,088

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

ORTEGA	TOMMI LYN	70,293
OSTRANDER	PHYLLIS	61,611
PALANGI	MONGA-N'DIMO	346,143
PALMIER	DEANNA	124,018
PANKEVICH	ZHANA	94,184
PARDILLO	JOVELYN	51,838
PARKER	AARON	90,756
PATEL	ALOK	53,544
PAUL	GWEN	52,856
PAUL	LEONA	75,344
PAULSON	LORNA	121,735
PAVELY	TAMI	72,192
PEDERSON	CASSIDY	59,079
PEDERSON	VERNA	85,705
PENNER	ROCKY	54,617
PENNER	CAROLYN	57,268
PERRAULT	JESSICA	69,639
PERRAULT	LIANN	73,203
PERRIN	DALE	61,483
PERRIN	GRANT	85,046
PERRIN	CYNTHIA	95,671
PETERS	EUNICE	89,327
PETERS	ELEANOR	101,290
PETERSON	BRANDI	57,897
PETINRIN	ADEWALE	143,715
PHILIP	CYNTHIA	92,014
PHILLIPS	GEORGINA	58,487
PILKEY	LAURIE	98,558
PLATT	DONNA-MAR	89,872

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

PLEWIS	LORRIE	61,384
POMMIER	KAREN	51,993
POMPU	THERESA	76,533
PORRAS	HERMILA	80,724
POWDER	LORENA	78,929
POWELL	FAY	55,033
POWER	TANYA	89,918
PRITCHARD	BRANDY	67,083
PROTEAU	MONIQUE	74,500
PURVES	TAMMY	110,882
QUENNELL	MONA	51,535
RACKOW	BARON	85,263
RACKOW	ELIZABETH	122,988
RADEVSKI	IVO	441,844
RAYMOND	SIGNE	113,163
REABURN	KYLA	71,277
REDEKOP	CHELSEA	84,600
REGIER	TRENTON	169,682
REID	LYNN	78,106
REIFFERSCHEID	CHRISTOPH	52,940
REIL	JO ANN	72,254
REIMER	CATHERINE	66,364
REIMER	BRIAN	77,659
REINBOLT	BARBY	107,168
REINHART	KRISTIN	66,081
REMPEL	MAUREEN	91,077
REMPEL	MARGARETE	111,495
RENWICK	MARY	92,607
RESCH	JODIE	94,719

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

RICE	JOANNE	87,951
RICHARDSON	CHRISTINA	75,566
RITTER	DEVIN	56,667
ROBERTS	ERIN	123,696
ROBINSON	CHELSEA	51,239
ROCHE	RACQUEL	111,097
ROSS	MELISSA	51,845
ROUSE	DONNA	76,922
ROUSSEAUX	KELLY	51,194
ROWLEY	LYNETTE	70,727
RUDD	KENNETH	123,788
RUSCHKOWSKI	JOY	64,434
RUTEN	ANNETTE	58,027
SAGADAHL	ANITA	150,561
SAID	OMAR	216,071
SAINI	MANJOT	74,654
SALBERG	CHARLYNNE	51,027
SANDERSON	MANDIE	86,946
SATHER	CASSIDY	79,754
SAVOY	EFFIE	216,988
SAWATZKY	MATTHEW	64,091
SAYMO	JAPHETH	86,594
SCHAFER	DELVINA	55,284
SCHEIER	CORINNE	59,368
SCHELLENBERG	VIVIAN	59,066
SCHERGER	KACIE	79,618
SCHERGER	KATHY	93,159
SCHICK MYHR	NATJA	56,596
SCHMALTZ	STEPHEN	74,859

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

SCHMIDT	ROWLAND	107,245
SCHNEIDER	DEBRA	56,536
SCHNEIDER	JOSHUA	69,288
SCHNEIDER	LINDSEY	83,041
SCHNEIDER	SHELLEY	93,983
SCHULTZ	BRITTANY	74,157
SCHULTZ	CARRIANNE	95,263
SCHULTZ	ABBY	102,807
SCHURTER	ALETTA	68,636
SCHWAN	JEFFREY	123,515
SCHWAN	BRENDA	220,604
SCHWARTZ	ASHLEY	67,351
SCOTT	LALIA	76,712
SCOTT	CAROL	88,827
SEABORG	DEBBIE	91,519
SEBO	DELORES	75,167
SELVIG	LAURIE	60,093
SERWADDA	ROSEMARY	177,549
SHAH	HIRAN	164,968
SHAW	BONNIE	97,004
SHEA	TONIE	50,776
SHEIKH	WASIM	107,603
SHOTTER	MICHAEL	125,028
SIGURDSON	ESTHER	121,039
SILBERNAGEL	KORI	68,755
SILZER	SHERRI	55,707
SIMPSON	ERIN	76,657
SINGH	LORETTA	87,421
SKOGSTAD	DARYL	62,172

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

SLETTEN	DEANNA	73,707
SLUSAR	NELSON	60,578
SMART	CASSIDY	61,425
SMART	MAXINE	79,987
SMITH	GERALD	72,878
SMUK	GREGORY	96,985
SMUK	CONNIE	97,872
SONEN	CYNTHIA	73,829
SOUCY	JENNIFER	69,719
SPEIDELSBACH	MANDY	55,991
SPEIR	JENNIFER	97,544
SPEIR POTTER	JILL	64,280
STEANE	KRISTA	73,547
STEARNS	LINDA	59,844
STEENKAMP	JAKOBUS	157,651
STEIER	ANGELIQUE	102,736
STEINKEY	JESSICA	92,177
STENERSON	ASHLEY	62,748
STEVENSON	JILL	99,805
STEVENSON	DANIEL	119,716
STEWART	LEONA	60,271
STEWART	RAELENE	97,256
STOCK	TRACY	50,409
STOLSON	SUSAN	95,892
STRICKER	ROSALYN	70,906
STRINGER	SUZANNE	139,636
STUART	TARRA	130,909
STUKINGS	SARA	51,867
SULLIVAN	KELSEY	71,254

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

SWICA	LESZACK	475,922
SZAROZ	RYAN	56,044
TALAGA	D LORES	95,113
TARDIF	MARY	77,893
THERRIEN	JUSTIN	63,814
THERRIEN	JOANNE	68,309
THERRIEN	JANICE	103,812
THORBURN	VANESSA	53,750
THORNE	BRIAN	50,727
TONEY	CATHY	55,386
TORR MEDICAL P.C. INC.	DAVID	239,142
TORRIE	KAITLYN	81,760
TOURIGNY	KRISTA	105,255
TRAN	HONG	216,558
TRAPP	TRACEY	53,406
TREEN	JACQUALIN	104,401
TREMBLAY	DONNA	70,918
TUCHSCHERER	STEPHANIE	81,407
TURNER	ASH	70,940
TURNER	KELLI	94,078
TURTON	KAREN	70,667
UDAL	SUZANNE	81,612
UWIMANA	NELLA	85,171
VACHON	ELISABETH	278,819
VALLEE	SUSAN	111,071
VAN BREDA	ALTA	126,796
VAN DER BERG	NICOLAAS	91,208
VANCE	NICOLE	94,234
VANDERSTEEN	ALINE	55,380

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below)* which total $50,000 or more.

VANSTONE	JACQUELIN	116,747
VENKATA	PRASAD NARASIMHA	455,278
WAGNER	DONNA	51,248
WAGNER	JANICE	52,563
WAGNER	CLAYTON	56,968
WAGNER	WENDY	59,915
WALL	AUDREY	54,296
WALL	TAYLOR	57,397
WALL	JOAN	76,275
WARD	TREVOR	82,377
WASKO	KEVIN	275,159
WATSON	PATRICIA	78,682
WATSON	JERRI BET	89,196
WATTS	LEANNE	79,940
WEBBER	RHONDA	50,768
WEBER	RHODA	79,712
WEBER	KEN	81,961
WEEDON	JILLIAN	105,010
WEISS	TAYLORRE	82,272
WEISS	SHELBY	94,513
WELLS	LAUREN	75,505
WELLS	CASSANDRA	82,441
WELLS	CAROL	138,706
WELLSCH	JULIE	87,319
WELSH	LAURA	105,211
WENZEL	COLETTE	50,391
WEPPLER	BRENDA	72,203
WHARTON	TERRY	180,618
WHITE	HEIDI	66,242

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

WICKSON	JACOB	77,329
WIEBE	RACHEL	56,558
WIEBE	RODNEY	60,544
WIEBE	NATASHA	73,007
WIEBE	TIA	83,031
WIEBE	SHARI	90,948
WIEBE	MARION	95,722
WIENS	KAREN	98,989
WILDIN	ASHLEY	71,869
WILKINS	TIFFANY	84,961
WILLMAN JOHNSTON	RHONDA	103,201
WILLS	SHIRLEY	53,490
WILSON	PATRICIA	78,116
WILSON	LORELEI	79,705
WILSON	BRITTANY	87,759
WILSON	WENDY	122,730
WINQUIST BANG	BRANDACE	109,424
WINSOR	WILLIAM	71,904
WITTAL	NANCY	115,985
WOELK	VALERIE	60,176
WONG	AUDRA	92,046
WOODS	SHANDRA	58,762
WOODS	LAVONNE	97,482
WOODWARD	MICHELLE	65,405
WOTHERSPOON	KRISTEN	63,217
WOTHERSPOON	DONNA	109,678
YATES	KELLIE AN	61,210
YATES	MORGAN	74,907

Personal Services

Listed are individuals who received salaries, wages & other (*Refer to Page 95 for details on what is included in the amounts below*) which total $50,000 or more.

YOLLAND	RACHEL	57,325
YOUNG	SHERRY	85,165
YOUST	RAELENE	95,569
YUZIK	KATHY	52,087
ZACHARIAS	BRANDI	69,281
ZACHARIAS HEUER	VERNA	52,414
ZANIDEAN	VANESSA	94,836
ZILLMAN	KALA	87,478

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 95 for details on what is included in the amounts below).

3S HEALTH	1,812,379
A.M. DELIVERY & COURIER SERVICE	50,709
ACCREDITATION CANADA	51,847
ACKLANDS LIMITED	60,068
ALCON CANADA INC.	316,647
AODBT	320,949
ARI FINANCIAL SERVICES T46163	208,721
ARJOHUNTLEIGH	101,565
ATLAS-APEX ROOFING (SASKATCHEWAN) INC.	73,495
B.G.E. SERVICE & SUPPLY	52,729
BARCO CANADA	113,828
BARD CANADA INC.	102,180
BAXTER CORPORATION	138,395
BECKMAN COULTER	103,790
BETH'S DRAPERIES & INTERIORS	102,769
BIOMED RECOVERY & DISPOSAL LTD	113,175
BIO-RAD LABORATORIES	75,562
BUNZL CANADA	91,684
BUTTERFIELD FORKLIFT	61,721
CANADIAN WATER TECHNOLOGIES	80,937
CARDINAL HEALTH CANADA	749,583
CHARIS MEDICAL	129,726
CHERRY INSURANCE INC.	212,432
CHIEF MEDICAL SUPPLIES LTD	60,183
CHINOOK REFRIGERATION	83,021
CHITT-TRONICS	58,124
CITY OF SWIFT CURRENT	332,264
CLARION MEDICAL TECHNOLOGIES INC.	50,215
CONCENTRA FINANCIAL	56,475
COUNTRY CLUB DISTRIBUTORS	558,932
COVIDIEN SURGICAL	457,953
CPDN/LYNDEN LOGISTICS	432,314
DELL CANADA INC.	82,502
DEMERS AMBULANCE	308,223
DONERITE LANDSCAPE CONTRACTING	54,923
DR NOBLE IRWIN FOUNDATION	61,450
DYNALIFE DX	455,855
ECOLAB LTD	125,151
EHEALTH SASKATCHEWAN	197,411
FLAME TECH SERVICES INC.	114,109
G.E. HEALTHCARE	518,669
G.E. HEALTHCARE CANADA INC MDX	323,757

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 95 for details on what is included in the amounts below).

GHOST SECURITY	83,622
GRAHAM CONSTRUCTION & ENGINEERING	571,726
GRAND & TOY LTD.	174,714
GREAT PLAINS COLLEGE	226,373
GREAT WEST LIFE - GL	538,874
HBI OFFICE PLUS INC.	275,363
HILL-ROM CANADA LTD.	636,799
HIROC MANAGEMENT LIMITED	102,957
HOBART FOOD EQUIPMENT	51,334
HOME HARDWARE	51,012
HOSPIRA HEALTHCARE CORP	596,279
HSAS	112,720
INNOVATION CREDIT UNION	82,986
INSIGHT CANADA	63,746
INSTRUMENTATION LABORATORY	87,453
INTER MEDICO	140,597
LOGIBEC INC	89,063
LONDON LIFE INSURANCE COMPANY	53,305
MAQUET-DYNAMED INC.	183,311
MARSH CANADA LTD	156,827
MASTERCARD	344,508
MCKESSON CANADA - PRIMARY	587,569
MCKESSON DISTRIBUTION PARTNERS	181,697
MEACH CONSTRUCTION LTD	50,715
MINISTER OF FINANCE	78,554
MINISTRY OF CENTRAL SERVICES	594,274
MLT AIKINS LLP	68,143
MOBILE PAVING LTD.	64,557
MODERN NIAGRA	57,977
NOODLECAKE SOFTWARE CONSULTING INC	67,437
OLYMPUS CANADA INC.	183,800
ORTHO-CLINCAL DIAGNOSTICS	448,092
PACE CHEMICALS LTD	51,869
PHYSIO CONTROL	234,787
PIONEER CO-OP	94,485
PLENARY HEALTH SWIFT CURRENT	7,438,935
POINT CLICK CARE	63,099
PRECISION AUTODOOR SYSTEMS LTD.	68,594
PROVINCIAL PUBLIC SAFETY	68,640
PUBLIC EMPLOYEE PENSION PLAN	177,954
PYRAMID PROPERTY MANAGEMENT	71,100
RECEIVER GENERAL	24,757,343

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2017

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment (Refer to Page 95 for details on what is included in the amounts below).

REGINA QU'APPELLE HEALTH REGION	274,119
REGINA QU'APPELLE-EMS	147,000
RIVERSIDE ELECTRIC LTD.	155,157
ROCHE DIAGNOSTICS	66,574
SAHO - DENTAL	713,231
SAHO - DIP	1,293,959
SAHO - ENHANCED HEALTH PLAN	1,847,274
SAPUTO	180,133
SASK ENERGY	510,029
SASK POWER	1,239,723
SASKTEL CMR	1,278,169
SCHAAN HEALTHCARE PRODUCTS	1,495,012
SEIU	730,037
SELECT MEDICAL CONNECTIONS LTD.	657,206
SHEPP	11,600,940
SHRED-IT	55,461
SOLUTIONS STAFFING INC.	130,255
SRNA	135,740
STERIS CANADA LTD.	162,157
STEVENS COMPANY LTD.	231,241
STRYKER CANADA INC.	284,970
SUN	342,262
SUPERIOR VACUUM & JANITORIAL SUPPLIES	70,186
SUPREME BASICS	237,493
SWIFT PLUMBING & HEATING	286,412
SYSCO FOOD SERVICES-WEST INC	1,552,684
TREEN PACKERS LTD	94,935
TRIWAYS WASTE DISPOSAL LTD.	125,463
ULTRA RAY GROUP	63,227
VITALAIRE // GASES	74,632
VOTH'S BRANDSOURCE	117,148
WALLACE CONSTRUCTION	130,400
WINMAR	62,998
WOOD WYANT CANADA INC	235,528
WRIGHT CONSTRUCTION WESTERN INC.	688,269
XEROX CANADA LTD	127,646

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more (Refer to Page 95 for details on what is included in the amounts below).

ANDRES KERRY/AVERY	$ 54,333
CANADIAN MENTAL HEALTH	147,164
FOYER ST. JOSEPH NURSING HOME	1,933,941
FRONTIER AMBULANCE	215,949
GEHL RICHARD	70,940
GULL LAKE AMBULANCE	239,252
HARRIGAN KENT	77,239
INTERVENTIONS PADEAFBLIND	73,429
MCKERRACHER SERVICES	131,685
PONTEIX AMBULANCE	268,930
SWIFT CURRENT and DISTRICT AMBULANCE SERVICES LTD	1,146,945
VAL MARIE AMBULANCE	150,832

APPENDIX C:

SASKATCHEWAN MINISTRY OF HEALTH

CONTINUOUS QUALITY IMPROVEMENT

Saskatchewan's health care system has a goal of achieving a fully integrated patient-first health system with no waits, waste, or defects, while continually improving quality. To achieve a transformed patient-first health system, Saskatchewan integrates continuous improvement approaches and methodology with patient safety, quality, risk management, accreditation, and patient- and family-centred care.

Government of Saskatchewan

Saskatchewan is the first province in Canada to use this approach across the entire health care system. More than 1,500 continuous improvement projects have been launched in Saskatchewan's health system.

For more information on continuous quality improvement in Saskatchewan health care please visit:

http://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/saskatchewan-health-initiatives/continuous-quality-improvement

SASKATCHEWAN COVERED POPULATION REPORT

The *Saskatchewan Covered Population Report* is published annually and is a count of all persons who held Saskatchewan health coverage on June 30th of that specific year. The Covered Population is not a census. It only counts persons who are registered for provincial health coverage and not every person who may have been a resident in Saskatchewan on June 30th.

The report is publicly accessible at https://www.ehealthsask.ca/health-data/covered-population.

STRATEGIC PRIORITIES

The provincial government's *Ministry of Health Plan for 2016-17* outlines Saskatchewan's plan for the health system. The report includes outcomes, improvement targets, and actions for the upcoming 2016/17 fiscal year, as well as various data offerings such as 'number of patients waiting longer than three months for surgery'. The report is available for public access and can be found at:
http://www.finance.gov.sk.ca/PlanningAndReporting/2016-17/HealthPlan1617PRINT.pdf.

PRIMARY HEALTH CARE

Primary Health Care (PHC) is the everyday care we need to protect, maintain or restore our health. For most people, it's the first point of contact with the health care system and the most frequently used health service. PHC accounts for up to 80% of encounters with the health system. For more information on Primary Health Care in Saskatchewan please visit http://www.saskatchewan.ca/residents/health/accessing-health-care-services/primary-health-care/about-primary-health-care.

CYPRESS HEALTH REGION

THE SOURCE

The Cypress Health Region publishes an external newsletter, *The Source,* to households and residents throughout southwest Saskatchewan. This publication is filled with health information, programs, and events offered throughout the Cypress Health Region.

Electronic versions of *The Source* can be found at:
https://cypresshealth.ca/publications-media/the-source-newsletter/

MATERNAL, INFANT, CHILD HEALTH REPORT, 2014

The first six years of a child's life are vital to lifelong health. A child's early experiences and exposures will largely predict future health and success. The *Maternal, Infant, Child Health Report, 2014* was developed by Cypress Health in 2014 and provides an important evidence base that will help the Region's leadership and management teams to better understand areas of strength and areas where further support is of benefit.

An electronic version of the complete *Maternal, Infant, Child Health Report, 2014* is available at:
https://cypresshealth.ca/publications-media/service-reports/

LONG TERM CARE PATIENT EXPERIENCE REPORT

The *Cypress Health Region Long Term Care Patient Experience Report, 2016* describes how we are doing, from the observations of the family of Long Term Care (LTC) residents, on various aspects of care. Results are presented for all of the LTC facilities in the Cypress Health Region according to chapters representing the themes in the survey.

An electronic version of the complete *Long Term Care Patient Experience Report, 2016* is available at:
https://cypresshealth.ca/publications-media/service-reports/

CYPRESS REGIONAL HOSPITAL PATIENT SERVICES DIRECTORY

The Cypress Health Region has developed a *Patient Services Directory* for its Regional Hospital. The directory highlights the programs and services that are available in the facility and are offered to each inpatient upon registration. Additionally, display racks are strategically placed throughout the facility for public consumption.

An electronic version of the complete *Patient Services Directory* is available at:
https://cypresshealth.ca/health-facilities/swift-current/cypress-regional-hospital/

BUILDING EXCELLENCE IN RURAL HEALTH

Building Excellence
in Rural Health
CYPRESS HEALTH REGION CAPITAL PROJECTS

The Cypress Health Region created a section of its website dedicated to capital projects. This section, known as *Building Excellence in Rural Health*; can be viewed at the following web url:
https://cypresshealth.ca/health-facilities/buildingcapital-projects/

The Building Excellence in Rural Health area of the website includes up-to-date details on the Region's capital projects in Leader, Maple Creek, and Swift Current.

FACILITY ASBESTOS REGISTRY

The Cypress Regional Health Authority has taken action to ensure that asbestos containing material is contained and is not a risk to the workers and public. Assessments have been completed on all patient care facilities and complete details are available on the Cypress Health Region's website at the following link:
https://cypresshealth.ca/facility-asbestos-reports/

SASKATCHEWAN HEALTH QUALITY COUNCIL

QUALITY INSIGHT

QUALITY INSIGHT
Measuring. Learning. Improving.

Quality Insight is a source of information on the quality of health care in Saskatchewan. While it is primarily designed for health care providers, managers, and leaders to support their work in making our system better and safer for Saskatchewan residents, it also provides the public with access to information about how our health system is performing.

The Cypress Health Region has been a provincial leader in making its data available to the general public through *Quality Insight*.

http://www.qualityinsight.ca

BETTER

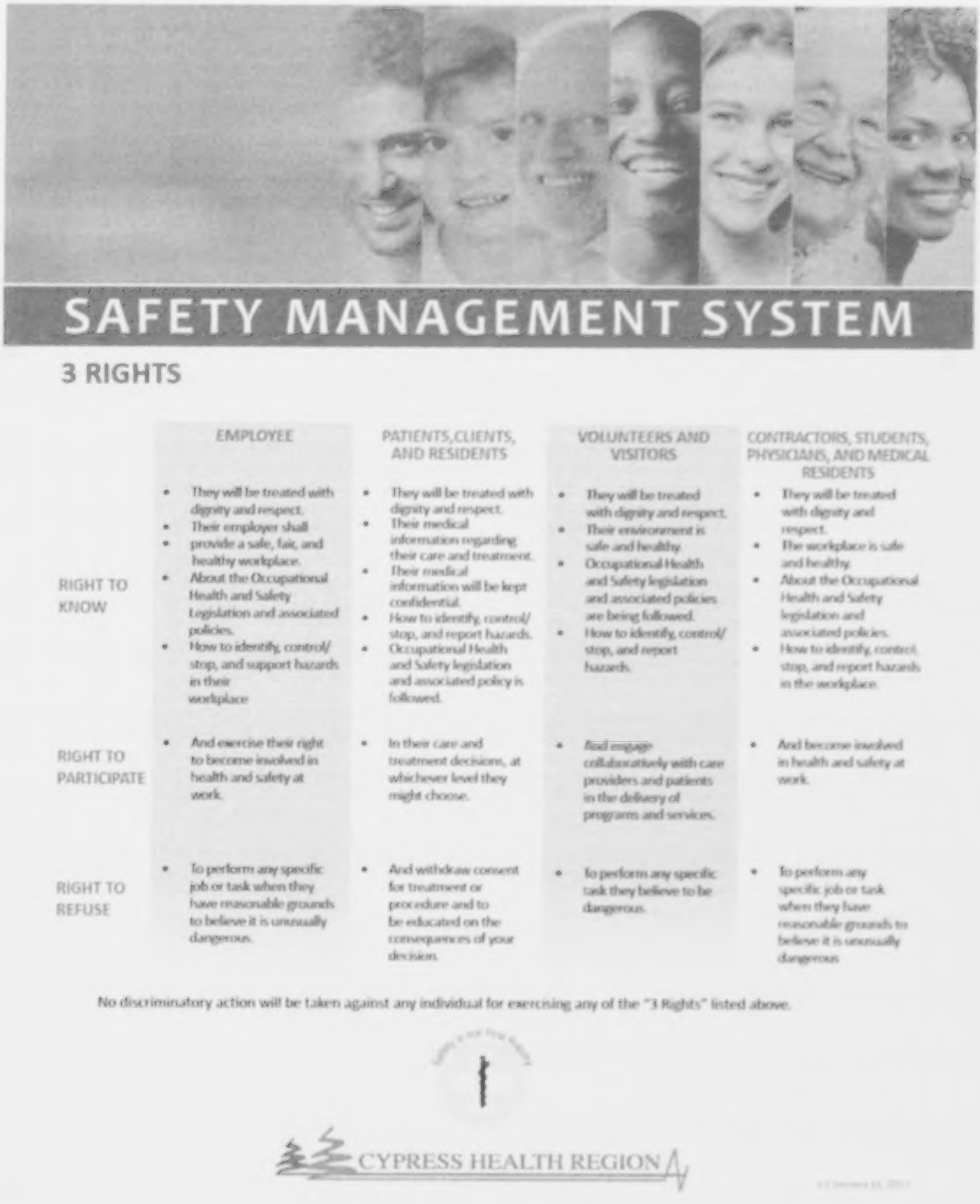
Better

Better shares the story of how Lean is making health care better and safer in Saskatchewan. It is a blog-based website that includes Lean news, Qreview, Media Buzz, and multimedia.

http://blog.hqc.sk.ca

APPENDIX D:

SAFETY MANAGEMENT SYSTEM



SAFETY MANAGEMENT SYSTEM

3 RIGHTS

	EMPLOYEE	PATIENTS,CLIENTS, AND RESIDENTS	VOLUNTEERS AND VISITORS	CONTRACTORS, STUDENTS, PHYSICIANS, AND MEDICAL RESIDENTS
RIGHT TO KNOW	• They will be treated with dignity and respect. • Their employer shall • provide a safe, fair, and healthy workplace. • About the Occupational Health and Safety Legislation and associated policies. • How to identify, control/ stop, and support hazards in their workplace	• They will be treated with dignity and respect. • Their medical information regarding their care and treatment. • Their medical information will be kept confidential. • How to identify, control/ stop, and report hazards. • Occupational Health and Safety legislation and associated policy is followed.	• They will be treated with dignity and respect. • Their environment is safe and healthy. • Occupational Health and Safety legislation and associated policies are being followed. • How to identify, control/ stop, and report hazards.	• They will be treated with dignity and respect. • The workplace is safe and healthy. • About the Occupational Health and Safety legislation and associated policies. • How to identify, control, stop, and report hazards in the workplace.
RIGHT TO PARTICIPATE	• And exercise their right to become involved in health and safety at work.	• In their care and treatment decisions, at whichever level they might choose.	• And engage collaboratively with care providers and patients in the delivery of programs and services.	• And become involved in health and safety at work.
RIGHT TO REFUSE	• To perform any specific job or task when they have reasonable grounds to believe it is unusually dangerous.	• And withdraw consent for treatment or procedure and to be educated on the consequences of your decision.	• To perform any specific task they believe to be dangerous.	• To perform any specific job or task when they have reasonable grounds to believe it is unusually dangerous.

No discriminatory action will be taken against any individual for exercising any of the "3 Rights" listed above.

CYPRESS HEALTH REGION

SAFETY MANAGEMENT SYSTEM

RESPONSIBILITIES AND ACCOUNTABILITIES

OUTLINE OF RESPONSIBILITIES

SENIOR LEADERSHIP TEAM ROLES

- To provide a safe, fair and healthy workplace/environment by promoting and endorsing the Safety Management System (SMS)
- Ensure the health region is in compliance with Occupational Health and Safety (OH&S) regulations
- Ensure a mechanism is in place to ensure all individuals have the necessary information, training and qualifications prior to commencement of work
- Ensure all individuals are not exposed to harassment or bullying

MANAGERS AND SUPERVISORS ROLES

- To ensure a safe, fair and healthy workplace/environment for workers under their direction by understanding and promoting the SMS
- Cooperate with anyone exercising a duty imposed by SEA as well as OH&S regulations
- To ensure that workers under their direction receive adequate training, education, and supervision
- To promote the completion of occurrence and incident reports in a timely manner
- Ensure that all individuals are not exposed to harassment or bullying

EMPLOYEE ROLES

- To ensure a safe, fair and healthy workplace/environment by participating and promoting the SMS
- Understand and follow the (OH&S) regulations
- Use safe work procedures, safe guards and personal protective equipment (PPE)
- To ensure training and education requirements are maintained
- Cooperate with anyone exercising a duty imposed by OH&S regulations
- Do not cause or participate in harassment or bullying

PATIENT, CLIENTS AND RESIDENTS ROLES

- To contribute to a safe, fair and healthy environment by adhering to safety rules and exercising three rights.
- Be aware of and cooperate with anyone exercising a duty imposed by OH&S
- Provide accurate information to health care providers
- To not cause or participate in harassment or bullying

VOLUNTEERS AND VISITORS ROLES

- To contribute to a safe, fair and healthy environment by adhering to safety rules and exercising three rights.
- Be aware of and cooperate with anyone exercising a duty imposed by OH&S regulations
- Abide by safety procedures, safe guards and PPE
- To not cause or participate in harassment or bullying

CONTRACTORS, STUDENTS, PHYSICIANS AND MEDICAL RESIDENTS ROLES

- To ensure a safe, fair and healthy workplace/environment by participating and promoting the SMS
- Understand and follow the OH&S regulations
- Use safe work procedures, safe guards and PPE
- Do not cause or participate in harassment or bullying

SUPPLIERS ROLES

- To contribute to a safe, fair and healthy workplace/environment by participating in the SMS
- Understand and follow the OH&S regulations
- Provide documentation about how to use and maintain supplies/equipment in a safe condition
- Do not cause or participate in harassment or bullying

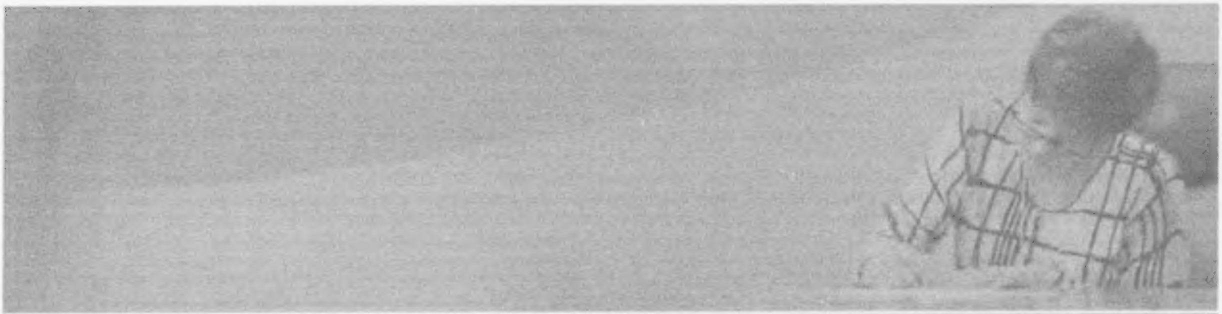
ACCOUNTABILITIES

All individuals are accountable for health and safety in order to protect themselves and others from harm.

Health and safety, awareness, education, performance and compliance with safety practices shall be measured, evaluated and recognized with respect to the individual's roles and responsibilities.

CYPRESS HEALTH REGION

V.1 January 31, 2017



SAFETY MANAGEMENT SYSTEM

HEALTH AND SAFETY CHARTER

October 25, 2016

The Board of the Cypress Health Region is committed to providing a safe and healthy environment for the protection of all individuals (employees, patients, residents, clients, visitors, students,volunteers, physicians, contractors).

Our objective is to diligently eliminate hazards that pose a threat to the health and safety of all individuals. In order to achieve this, all individuals must take responsibility within our health environment and are expected to follow Cypress Health Region safety practices.

Management

is responsible to establish and maintain adequate standards for maintenance of facilities and equipment, to ensure physical and health hazards are eliminated or controlled. It is also the responsibility of management to develop, in consultation with workers and patients, safe practices and procedures to protect all individuals from known hazards and provide training to workers to ensure they perform their jobs in a safe manner.

Supervisors

are responsible to ensure workers are trained in safe practices, procedures and relevant legislation. It is also the supervisors' responsibility to ensure workers comply with regulations, standards and rules of the Cypress Health Region's Safety Management System. It is the responsibility of supervisors to investigate all incidents and implement corrective actions to prevent reoccurrence. Inspections and investigations will be conducted cooperatively with the Occupational Health and Safety Committees and/or Quality Care.

Employees

are responsible to follow safety rules to ensure safe practices, procedures and government regulations are adhered to. It is also the responsibility of all employees to wear and use personal protective equipment, participate in training programs, maintain current educational requirements, inform supervisors of unsafe work conditions, maintain a safe work environment and ensure patient safety.

All individuals have the responsibility and the right to know, the right to participate and the right to refuse work or care when unsafe conditions exist.

Fulfilling our safety responsibilities enables all individuals to share in the benefits of a safe environment.

Safety is our First Priority

BVachon

Beth Vachon
Chief Executive Officer

Lyle Quintin

Lyle Quintin, Chairperson
Cypress Regional Health Authority

CYPRESS HEALTH REGION

V.1 January 11, 2013

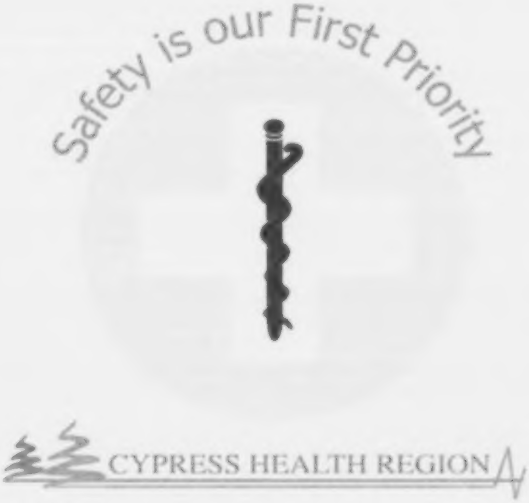
SAFETY MANAGEMENT SYSTEM

SAFETY LOGO

The Cypress Health Region's safety logo is a visual reminder of the past, present, and future patients, residents, clients, families, and staff of how the Region has committed to its #1 value – safety.

The logo has been dedicated in honour of patients that have been caused harm. It recognizes the growing commitment that the Cypress Health Region has towards safety.

A design contest was held in 2014 and Brenda Groves, a staff member at the Prairie Health Care Centre in Cabri, SK. had her design chosen as the winner.

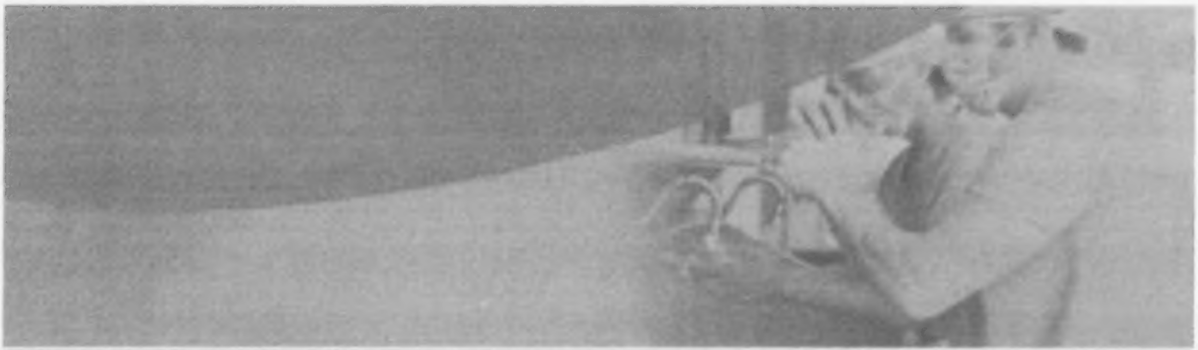

Safety is our First Priority
CYPRESS HEALTH REGION

Her design incorporates a number of symbolic elements:

- RED is used to state this priority because of its quality. Red has the effect to catch the eye, it is bold, and it grabs the viewers attention like a stop sign.
- The word OUR is important because it is inclusive of everyone.
- YELLOW chosen for the inner circle because that is the colour of caution.
- The CIRCLE itself is symbolic. Circles have no beginning or end, they are continuous, and here it is meant that the Health Region continuously strives to be safe.
- Within this circle is a WHITE CROSS. The white cross is a modern symbol for health care.
- Within the white cross is Brenda's version of the ROD OF ASCLEPIUS. The Rod of Asclepius is the ancient Greek symbol for medicine. Health care and medicine are compontents of what a health region provides.

Together all of this symbolism demonstrates that in the Cypress Health Region, safety is the first priority.

V1 January 11, 2017



SAFETY MANAGEMENT SYSTEM

SAFETY RULES

BE SAFE

Stop any unsafe activity or procedure
Assess the safety issue
Fix the safety issue if you can safely
Escalate by reporting the safety issue

BE RESPECTFUL

Treat others the way you would prefer to be treated.

BE RESPONSIBLE

Never take a chance on compromising your safety or that of others.

COMMUNICATE

Share information, Ask if uncertain, Listen to understand.

STAY ALERT

Be aware of your surroundings, keep it clean and tidy.

MAINTAIN

All equipment to ensure the safety for all individuals.

AVOID

Distractions and distracting others.

AVOID

Using scented products.

FOLLOW

Proper hand hygiene.

SELECT, USE, DISPOSE

of appropriate safety equipment to protect yourself and others including personal protective equipment.

Safety is our First Priority

CYPRESS HEALTH REGION

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CYPRESS HEALTH REGIONAL OFFICE

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